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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36502 (5)

1. Corporation Name

OCEANSIDE AT FISHER ISLAND CONDOMINIUM NO. TWO A SSOCIATION, INC.



Principal Place of Business	Mailing Address
ONE FISHER ISLAND DRIVE 1 FISHER ISLAND DR. FISHER ISLAND FL 33109 US	ONE FISHER ISLAND DRIVE 1 FISHER ISLAND DR. FISHER ISLAND FL 33109 US

3. Date Incorporated or Qualified	02/07/1990
4. FEI Number	65-0173588
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
COTTLER, MARY M 7911 FISHER ISLAND DRIVE FISHER ISLAND FL 33109	

10. Name and Address of New Registered Agent	
81 Name	RAY LARSEN
82 Street Address (P.O. Box Number Is Not Acceptable)	7914 FISHER ISLAND DRIVE
83	
84 City	FISHER ISLAND FL
85 Zip Code	33109

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	TO WALKDEN, LEONARD <input checked="" type="checkbox"/> DELETE
NAME	7962 FISHER ISLAND DRIVE
STREET ADDRESS	FISHER ISLAND FL
CITY-ST-ZIP	
TITLE	SD KRAFTSOW, CAROLYN <input type="checkbox"/> DELETE
NAME	7917 FISHER ISLAND
STREET ADDRESS	FISHER ISLAND FL
CITY-ST-ZIP	
TITLE	PD COTTLER, MARY M <input checked="" type="checkbox"/> DELETE
NAME	7911 FISHER ISLAND DRIVE
STREET ADDRESS	FISHER ISLAND FL
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TO CHAROCHIS, WILLIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	7952 FISHER ISLAND DRIVE
1.3 STREET ADDRESS	FISHER ISLAND, FLA
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	PD RAY LARSEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	7914 FISHER ISLAND DRIVE
3.3 STREET ADDRESS	FISHER ISLAND, FLA
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/20/98

CR2E037 (10/97)