## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT#** 

1. Corporation Name

AMENDED ANNUAL REPORT

N51252

FISHER ISLAND CLUB, INC. One Fisher Island Drive Fisher Island, FL 33109
Principal Place of Business

Mailing Address

One Fisher Island Drive

FILED

99 SEP 16 AM IO: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	Fisher Island, FL 33109	DO NOT WRITE IN THIS SPACE								
ĺ						3. Date Incorporated or Qualifo	ed			
						October 06,1992				
2.	Principal Place of Business	2a	. Mailing Address			4. FEI Number			Applied For	
21		26				65-0363916			Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.			5. Certifcate of Status Desired			75 Additional se Required	
	City & State	28	City & State			Election Campaign Financin     Trust Fund Contribution	<sup>19</sup> 🗆		.00 May Be	
	Zip Country	Country Zip Co			1 8. This corporation owes the current year Intangible					
24	25	29	ſ	30		Personal Property Tax.	-	Yes	No	
	Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	DENNIS J. EISINGER				Name-					
					CO COUNTY OF COU					
4000 Hollywood Blvd., Suite 265-S				82 Street Address (P.O. Box Number is Not Acceptable)						
	Hollywood, FL 33021	203 5	83		· · · · · · · · · · · · · · · · · · ·					
				84	City		FL	85	Zip Çode	
11	Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations.	of Flori	da. Such change was au	thorized by	the corpora	poration submits this statement for lition's board of directors. I hereby acc	he purpose of cept the anpoir	changir atment	ng its registered as registered	
SI	GNATURE						Ç.	•	<u> </u>	
	Signature, typed or printed name of registered age				t signature requi	red when reinstating)	DATE.			
12	OFFICERS AN	IN DIRE	CTORS	13		ADDITIONS/CHANGES TO (	DEFICERS AN	IN DIRE	CTORS IN 12	

1.1 TITLE ☐ Addition DELETE TITLE President, John James Melk Director 1.2 NAME One Fisher Island Drive (Director) NAME John Melk 13 STREET ADDRESS Fisher Island, FL 33109 STREET ADDRESS One Fisher Island Drive Fisher Island, FL Director CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE K Change Addition Vice-Pres., Daniel Evans Daniel McLean 2.2 NAME NAME McLean ( Director) One Fisher Island Drive STREET ADDRESS 23 STREET ADDRESS One Fisher Island Drive Fisher Island,FL Director 2.4 CITY-ST-ZIP C/TY-ST-Zif Fisher Island, Fl 33109 DELETE Addition 1me 3.1 TITLE ☐ Change Secretary, Director Dan Melk 32 NAME NAME Karen Lynn Palmer One Fisher Island Drive 3.3 STREET ADDRESS STREET ADDRESS One Fisher Island Drive Fisher Island, FL 33109 Fisher Island, FL CITY-ST-ZIF 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE Dan Melk (Director) NAME 4. 2 NAME One Fisher Island Drive STREET ADDRESS 4.3 STREET ADDRESS Fisher Island, FL 33109 CI1Y-\$1-7/F 4.4 CITY-ST-ZIP 000002989340 -09/17/99--01007--008 DELETE TITLE 5.1 TITLE ☐ Addition 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS \*\*\*\*61.25 \*\*\*\*61.25 5.4 CITY-ST-ZIP CITY-5T-7IP 6.1 TITLE ☐ DELETE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-7IP 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Melk, Director < SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ፊ** (305) 535-6074

CR2E034 (11/98)