2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 08:00 AM
Secretary of State

DOCUMENT # **N30344**

1. Entity Name
OCEANSIDE AT FISHER ISLAND CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
C/O MICHAEL A. MASH, JR. 1 FISHER ISLAND DRIVE FISHER ISLAND FL 33109	C/O MICHAEL A. MASH, JR. 1 FISHER ISLAND DRIVE FISHER ISLAND FL 33109

2. Principal Place of Business	3. Mailing Address
1 FISHER ISLAND DRIVE	1 FISHER ISLAND DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FISHER ISLAND FL	City & State: FISHER ISLAND FL
Zip: 33109 Country:	Zip: 33109 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0096544** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LORBER HOWARD
8061 FISHER ISLAND DR

FISHER ISLAND FL
33109 US

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **HOWARD LORBER** **01/09/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MURRAY ISABEL 8053 FISHER ISLAND DR FISHER ISLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARTLEY RICHARD S 4520 OCEANFRONT AVE VIRGINIA BEACH VA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LORBER HOWARD 8061 FISHER ISLAND DRIVE FISHER ISLAND FL 33109	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GOLDIN BARRY 8043 FISHER LISAND DR FISHER ISLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD LORBER PD 01/09/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #