2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 01, 2008 8:00 am Secretary of State 05-01-2008 90224 046 ****61.25

DOCUMENT # N36502 1. Entity Name OCEANSIDE AT FISHER ISLAND CONDOMINIUM NO. TWO ASSOCIATION, INC.					40020		8 90224 046 ******	01.23	
Principal Place of Business ONE FISHER ISLAND DRIVE ONE FISHER ISLAND DR. 1 FISHER ISLAND DR. 1 FISHER ISLAND, FL 33109 US Mailing Address ONE FISHER ISLAND ONE FISHER ISLAND 1 FISHER ISLAND FISHER ISLAND, FL			ier Island Dri\ Island Dr.			. `			
Principal Place of Business - No P.O. Box # 3. Mi			Address						
Suite, Apt. #. etc.		Suite, Apt. #, etc.			04282008 C	Chg-NP	CR2E037 (12/06)		
City & State		City & State			4. FEI Number 65-01735			pplied For ot Applicable	
Zip	Country	Zip		Country	5. Certificate of S	Status Desired	S8.75 Ad	ditional	
	6. Name and Address of Current	Registered Ag	gent		7. Name and Ad	dress of New I	Registered Agent		
HYMAN, MICHAEL				Name					
150 W FLAGLER ST				Street Add	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL	OOR MUSEUM TOWER . 33130					···			
				City			E I Zip Coo	le	
The above named entity submits this statement for the purpose of changing its register.				nistand office as so	esistenced accept as back to	the Olever of Ci	FL Zip Coo		
SIGNATURE									
	. Signature, typed or printed name of registered agent a	and title if applicable	. (NOTE: R	logistered Agent signature r	required when reinstating)		DATE		
	Signature, typed or printed name of registered agent of Filling Fee is \$61.25 Due by May 1, 2008	7	I. Election Campa Trust Fund Cor	aign Financing	\$5.00 May Be	Flo	DATE Make check payable t rida Department of S		
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	RECTORS	I. Election Campa Trust Fund Cor	aign Financing ntribution.	\$5.00 May Be Added to Fees	Flo	Make check payable to rida Department of S RS AND DIRECTORS IN	tate	
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Interest yearnly mat the groundation supplied with this simplified the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report for supplier/ental 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR