2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51252

Entity Name: FISHER ISLAND CLUB, INC.

FILED Feb 06, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

ONE FISHER ISLAND DR FISHER ISLAND, FL 33109

Current Mailing Address: New Mailing Address:

ONE FISHER ISLAND DR ATTN: ACCOUNTING DEPT. FISHER ISLAND, FL 33109

FEI Number: 65-0363916 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPCO, INC 2699 S. BÁYSHORE DRIVE 7TH FLOOR MIAMI, FL 33133 US

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition FRANA, KAREN HYMEN, BOB Name: Name: Address: 5331 FISHER ISLAND DRIVE Address: ONE FISHER ISLAND DRIVE City-St-Zip: FISHER ISLAND, FL 33109 City-St-Zip: FISHER ISLAND, FL 33109

Title: Title: (X) Change () Addition () Delete

Name: FANO, ANTHONY Name: FANO, ANTHONY

Address: 5042 FISHER ISLAND DRIVE Address: ONE FISHER ISLAND DRIVE City-St-Zip: MIAMI, FL 33109

MIAMI, FL 33109 City-St-Zip:

Title: () Delete Title: (X) Change () Addition ASHKIN, MICHAEL Name: FRANA, KAREN Name:

7282 FISHER ISLAND DRIVE Address:

ONE FISHER ISLAND DRIVE Address:

City-St-Zip: MIAMI, FL 33109 City-St-Zip: MIAMI, FL 33109

(X) Change () Addition Title: () Delete Title: Name: SMITH, STANLEY F Name: LASH, MYLES

7445 FISHER ISLAND DRIVE ONE FISHER ISLAND DRIVE Address: Address:

City-St-Zip: MIAMI, FL 33109 City-St-Zip: MIAMI, FL 33109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY FANO VP 02/06/2009