

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007588

**Entity Name:** FISHER ISLAND DAY SCHOOL, INC.**Current Principal Place of Business:**2 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109**Current Mailing Address:**2 FISHER ISLAND DR.  
MIAMI BEACH, FL 33109 US**FEI Number:** 06-1650070**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEWIS, HAROLD LESQ.  
ONE BISCAYNE TOWER - SUITE 2400  
TWO SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131 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

**Officer/Director Detail :**

Title      TREASURER, DIRECTOR  
Name      NEFF, BRIAN  
Address    7133 FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title      VP, SECRETARY, DIRECTOR  
Name      ESCOFFERY, LORNA PH.D.  
Address    7310 SW 96 STREET  
City-State-Zip: MIAMI FL 33156

Title      PRESIDENT, CHAIRMAN, DIRECTOR  
Name      NEFF, JANA  
Address    7133 FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title      DIRECTOR  
Name      MELNICK, LAURIE  
Address    2114 FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title      DIRECTOR  
Name      HIRSH, VERA A  
Address    3961 N 40 AVENUE  
City-State-Zip: HOLLYWOOD FL 33021

Title      DIRECTOR  
Name      FERRARO, JAMES L  
Address    600 BRICKELL AVENUE  
SUITE 3800  
City-State-Zip: MIAMI FL 33131

Title      DIRECTOR  
Name      MACKENZIE, DONALD S  
Address    5251 FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title      DIRECTOR  
Name      PARSONS, KATHERINE A.  
Address    19214 FISHER ISLAND DRIVE  
City-State-Zip: MIAMI BEACH FL 33109

*I hereby 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 all other like empowered.*

**SIGNATURE:** VERA HIRSH

DIRECTOR

01/23/2021

Electronic Signature of Signing Officer/Director Detail

Date