

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30344

Entity Name: OCEANSIDE AT FISHER ISLAND CONDOMINIUM
ASSOCIATION, INC.**FILED**
Jan 22, 2021
Secretary of State
0721183532CC**Current Principal Place of Business:**40306 FISHER ISLAND DRIVE
THIRD FLOOR
FISHER ISLAND, FL 33109**Current Mailing Address:**40306 FISHER ISLAND DRIVE
THIRD FLOOR
FISHER ISLAND, FL 33109 US**FEI Number: 65-0096544****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MARQUIS ASSOCIATION MANAGEMENT
2800 BISCAYNE BLVD
SUITE 1100
MIAMI, FL 33137 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: ADAM LEON****01/22/2021**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR
Name MURRAY, JEAN-JACQUES
Address 40306 FISHER ISLAND DRIVE
THIRD FLOOR
City-State-Zip: FISHER ISLAND FL 33109**Title** SECRETARY
Name WILLIAMS, LANCE
Address 40306 FISHER ISLAND DRIVE
THIRD FLOOR
City-State-Zip: FISHER ISLAND FL 33109**Title** TREASURER
Name WAYNE, MARTIN
Address 40306 FISHER ISLAND DRIVE
THIRD FLOOR
City-State-Zip: FISHER ISLAND FL 33109**Title** DIRECTOR
Name ENGELS, MARTIN
Address 40306 FISHER ISLAND DRIVE
THIRD FLOOR
City-State-Zip: FISHER ISLAND FL 33109**Title** PRESIDENT
Name SILVEY, ANTOINETTE Z.
Address 40306 FISHER ISLAND DRIVE
THIRD FLOOR
City-State-Zip: FISHER ISLAND 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: ANTOINETTE SILVEY**PRESIDENT****01/22/2021**

Electronic Signature of Signing Officer/Director Detail

Date