#### 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36502

Entity Name: OCEANSIDE AT FISHER ISLAND CONDOMINIUM NO. TWO

ASSOCIATION, INC.

# **Current Principal Place of Business:**

42205 FISHER ISLAND DR. FISHER ISLAND, FL 33109

## **Current Mailing Address:**

42205 FISHER ISLAND DR. FISHER ISLAND, FL 33109 US

FEI Number: 65-0173588 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

201 ALHAMBRA CIRCLE, 11TH FLOOR CORAL GABLES, FL 33134 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

**FILED** Apr 25, 2014

**Secretary of State** 

CC6246071528

#### Officer/Director Detail:

Title **PRESIDENT** Title **OFFICER** 

Name SLOTNIK, JOSEPH Name SHARON, DOUG

Address 7932 FISHER ISLAND DR Address 7935 FISHER ISLAND DRIVE City-State-Zip: FISHER ISLAND FL 33109 City-State-Zip: FISHER ISLAND FL 33109

Title **TREASURER** Title **SECRETARY** 

Name KATZ, MICHAEL Name EVERETT, OSCAR

Address 7955 FISHER ISLAND DRIVE Address 7951 FISHER ISLAND DRIVE City-State-Zip: FISHER ISLAND FL 33109 City-State-Zip: FISHER ISLAND FL 33109

Title **OFFICER** 

Name ZWEIG, BARBARA

7954 FISHER ISLAND DR Address

FISHER ISLAND FL 33109 City-State-Zip:

SIGNATURE: JOSEPH SLOTNIK

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.

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

04/25/2014

Date