

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

DOCUMENT# N36502

**FILED**  
**Feb 08, 2021**  
**Secretary of State**  
**1828318566CC**

**Entity Name:** OCEANSIDE AT FISHER ISLAND CONDOMINIUM NO. TWO ASSOCIATION, INC.

**Current Principal Place of Business:**

7911-7982 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

**Current Mailing Address:**

ATTN: OCEANSIDE 2 / AKAM ON-SITE, INC.  
1521 ALTON RD. SUITE 537  
MIAMI BEACH, FL 33139 US

**FEI Number: 65-0173588**

**Certificate of Status Desired: No**

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

BLAXBERG, GRAYSON, KUKOFF & FORTEZA, P.A.  
25 SE 2ND AVENUE  
SUITE 730  
MIAMI, FL 33131-1696 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: ANGELICA SHIR**

**02/08/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DANIEL, SAJI  
Address        ATTN: OCEANSIDE 2 / AKAM ON-SITE,  
                  INC.  
                  1521 ALTON RD. SUITE 537  
City-State-Zip: MIAMI BEACH FL 33139

Title            VP  
Name            SHARON, DOUG  
Address        ATTN: OCEANSIDE 2 / AKAM ON-SITE,  
                  INC.  
                  1521 ALTON RD. SUITE 537  
City-State-Zip: MIAMI BEACH FL 33139

Title            TREASURER  
Name            KATZ, MICHAEL DR.  
Address        ATTN: OCEANSIDE 2 / AKAM ON-SITE,  
                  INC.  
                  1521 ALTON RD. SUITE 537  
City-State-Zip: MIAMI BEACH FL 33139

Title            DIRECTOR  
Name            MURRAY, JEAN-JACQUES  
Address        ATTN: OCEANSIDE 2 / AKAM ON-SITE,  
                  INC.  
                  1521 ALTON RD. SUITE 537  
City-State-Zip: MIAMI BEACH FL 33139

Title            DIRECTOR  
Name            TULLY, PETER  
Address        ATTN: OCEANSIDE 2 / AKAM ON-SITE,  
                  INC.  
                  1521 ALTON RD. SUITE 537  
City-State-Zip: MIAMI BEACH FL 33139

*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: SAJI DANIEL**

**PRESIDENT**

**02/08/2021**

Electronic Signature of Signing Officer/Director Detail

Date