

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36502

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

**FILED**  
**Apr 17, 2017**  
**Secretary of State**  
**CC1427771959**

**Current Principal Place of Business:**

42308 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

**Current Mailing Address:**

42308 FISHER ISLAND DR.  
ATTN: AKAM ON-SITE, INC.  
FISHER ISLAND, FL 33109 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, FLORIDA , 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**

**04/17/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title OFFICER  
Name SLOTNIK, JOSEPH  
Address 42308 FISHER ISLAND DR  
City-State-Zip: FISHER ISLAND FL 33109

Title PRESIDENT  
Name SHARON, DOUG  
Address 42308 FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title TREASURER, VP  
Name KATZ, MICHAEL  
Address 42308 FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title SECRETARY  
Name EVERETT, OSCAR  
Address 42308 FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title OFFICER  
Name LASH, MYLES  
Address 42308 FISHER ISLAND DR  
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: DOUG SHARON**

**PRESIDENT**

**04/17/2017**

Electronic Signature of Signing Officer/Director Detail

Date