

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N50952

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

**FILED  
Mar 26, 2013  
Secretary of State  
CC5906734083**

**Current Principal Place of Business:**

6 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

**Current Mailing Address:**

6 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

**FEI Number: 65-0360806**

**Certificate of Status Desired: No**

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

BECKER & POLIAKOFF, P.A.  
BANK OF AMERICA CENTER  
625 N. FLAGLER DR., 7TH FLOOR  
WEST PALM BEACH, FL 33401 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 P  
Name HOROWITZ, JEFFREY  
Address 7273 FISHER ISLAND DR  
City-State-Zip: FISHER ISLAND FL 33109

Title VP  
Name LOCKS, GENE  
Address 7265 FISHER ISLAND DR  
City-State-Zip: FISHER ISLAND FL 33109

Title S  
Name PIA IANNARIELLO, MARIA  
Address 7234 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: JEFFREY HOROWITZ**

**PRESIDENT**

**03/26/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date