# Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

SIGNATURE: DESIREE CUASON

CORPCO INC

CORPCO, INC. 901 PONCE DE LEON BLVD. 10TH 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

# Officer/Director Detail :

| Officer/Director Detail : |   |   |   |   |
|---------------------------|---|---|---|---|
|                           | Title   | PRESIDENT   | Title   | TREASURER   |
|                           | Name  | KRIGE, SHANE  | Name  | DIAZ, OSCAR   |
|                           | Address   | ONE FISHER ISLAND DR  | Address   | ONE FISHER ISLAND DR  |
|                           | City-State-Zip:                                     | FISHER ISLAND FL 33109  | City-State-Zip:                                     | FISHER ISLAND FL 33109  |
|                           | Title   | SECRETARY   | Title   | DIRECTOR  |
|                           | Name  | CUASON, DESIREE M.  | Name  | ZEITCHICK, MARK   |
|                           | Address   | ONE FISHER ISLAND DR  | Address   | ONE FISHER ISLAND DR  |
|                           | City-State-Zip:                                     | FISHER ISLAND FL 33109  | City-State-Zip:                                     | FISHER ISLAND FL 33109  |
|                           |   |   |   |   |
|                           | Title   | DIRECTOR  | Title   | DIRECTOR  |
|                           | Title<br>Name                                       | DIRECTOR<br>HYMEN, ROBERT   | Title<br>Name                                       | DIRECTOR<br>PEPERZAK, MARCUS  |
|                           |   |   |   |   |
|                           | Name  | HYMEN, ROBERT   | Name  | PEPERZAK, MARCUS  |
|                           | Name<br>Address                                     | HYMEN, ROBERT<br>ONE FISHER ISLAND DR   | Name<br>Address                                     | PEPERZAK, MARCUS<br>ONE FISHER ISLAND DR  |
|                           | Name<br>Address<br>City-State-Zip:                  | HYMEN, ROBERT<br>ONE FISHER ISLAND DR<br>FISHER ISLAND FL 33109                               | Name<br>Address<br>City-State-Zip:                  | PEPERZAK, MARCUS<br>ONE FISHER ISLAND DR<br>FISHER ISLAND FL 33109                            |
|                           | Name<br>Address<br>City-State-Zip:<br>Title         | HYMEN, ROBERT<br>ONE FISHER ISLAND DR<br>FISHER ISLAND FL 33109<br>DIRECTOR                   | Name<br>Address<br>City-State-Zip:<br>Title         | PEPERZAK, MARCUS<br>ONE FISHER ISLAND DR<br>FISHER ISLAND FL 33109<br>DIRECTOR                |
|                           | Name<br>Address<br>City-State-Zip:<br>Title<br>Name | HYMEN, ROBERT<br>ONE FISHER ISLAND DR<br>FISHER ISLAND FL 33109<br>DIRECTOR<br>NYDICK, ROBERT | Name<br>Address<br>City-State-Zip:<br>Title<br>Name | PEPERZAK, MARCUS<br>ONE FISHER ISLAND DR<br>FISHER ISLAND FL 33109<br>DIRECTOR<br>BAKER, PAUL |

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

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N51252

Entity Name: FISHER ISLAND CLUB, INC.

### **Current Principal Place of Business:**

ONE FISHER ISLAND DR FISHER ISLAND, FL 33109

### **Current Mailing Address:**

ONE FISHER ISLAND DR ATTN: ACCOUNTING DEPT. FISHER ISLAND, FL 33109

#### FEI Number: 65-0363916

# Name and Address of Current Registered Agent:

nistered office or registered event or both in the State of

Certificate of Status Desired: No

FILED Apr 07, 2022 Secretary of State 7354149218CC

04/07/2022

Date

SECRETARY