

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Date

Officer/Director Detail :

Title CHAIRMAN
Name SILVEY, JEROME C
Address ONE FISHER ISLAND DR
City-State-Zip: FISHER ISLAND FL 33109

Title DIRECTOR
Name DENAIN, CEDRIK
Address ONE FISHER ISLAND DR
City-State-Zip: FISHER ISLAND FL 33109

Title DIRECTOR
Name VON HANAU, HEINRICH
Address ONE FISHER ISLAND DRIVE
City-State-Zip: FISHER ISLAND FL 33109

Title VC
Name LORBER, HOWARD
Address ONE FISHER ISLAND DR
City-State-Zip: FISHER ISLAND FL 33109

Title PRESIDENT
Name LACKNER, BERNARD
Address ONE FISHER ISLAND DR
City-State-Zip: FISHER ISLAND FL 33109

Title EXECUTIVE VICE PRESIDENT,
TREASURER
Name BARTER, SCOTT
Address ONE FISHER ISLAND DR
City-State-Zip: FISHER ISLAND FL 33109

Title SECRETARY
Name CUASON, DESIREE M.
Address ONE FISHER ISLAND DR
City-State-Zip: FISHER ISLAND FL 33109

Title DIRECTOR
Name ZEITCHICK, MARK
Address ONE FISHER ISLAND DR
City-State-Zip: FISHER ISLAND FL 33109

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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: DESIREE M. CUASON

SECRETARY

04/08/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, MARGARET
Address ONE FISHER ISLAND DR
City-State-Zip: FISHER ISLAND FL 33109

Title DIRECTOR
Name RYAN, LEE ANN
Address ONE FISHER ISLAND DR
City-State-Zip: FISHER ISLAND FL 33109