

2018 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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPCO, INC.
2699 S. BAYSHORE DRIVE
7TH FLOOR
MIAMI, FL 33133 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 WARD, ROGER
Address ONE FISHER ISLAND DRIVE
City-State-Zip: MIAMI FL 33109

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

Title DIRECTOR
Name SNIDER, GARY
Address ONE FISHER ISLAND DRIVE
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 PRESIDENT
Name LACKNER, BERNARD
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

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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****03/19/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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