

**2023 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: LEGAL  
FISHER ISLAND, FL 33109 US**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            PRESIDENT  
Name           KRIGE, SHANE  
Address        ONE FISHER ISLAND DR  
City-State-Zip: FISHER ISLAND FL 33109

Title            TREASURER  
Name           DIAZ, OSCAR  
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

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

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

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

Title            DIRECTOR  
Name           BAKER, PAUL  
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 CUASON**SECRETARY****03/31/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	COO
Name	GJOSORVSKI, SASE
Address	ONE FISHER ISLAND DRIVE
City-State-Zip:	FISHER ISLAND FL 33109