

**2020 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.  
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 DIRECTOR AND 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 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

Title DIRECTOR AND VICE CHAIR  
Name SMITH, MARGARET  
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****03/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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