

**2017 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 DIRECTOR  
Name PETICHENSKIY, ALBERT  
Address ONE FISHER ISLAND DR  
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 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 DIRECTOR  
Name FLETCHER, LARRY  
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

**Continues on page 2**

*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:** CHARLOTTE OATES**SECRETARY****03/30/2017**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title SECRETARY  
Name OATES, CHARLOTTE  
Address ONE FISHER ISLAND DR  
City-State-Zip: FISHER ISLAND FL 33109