Electronic Signature of Signing Officer/Director Detail

2017 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

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

Officer/Director Detail :

Title	CHAIRMAN	Title	DIRECTOR	
Name	WARD, ROGER	Name	SNIDER, GARY	
Address	ONE FISHER ISLAND DRIVE	Address	ONE FISHER ISLAND DRIVE	
City-State-Zip:	MIAMI FL 33109	City-State-Zip:	FISHER ISLAND FL 33109	
Title	DIRECTOR	Title	DIRECTOR	
Name	SOSA, ROBERTO	Name	VON HANAU, HEINRICH	
Address	ONE FISHER ISLAND DRIVE	Address	ONE FISHER ISLAND DRIVE	
City-State-Zip:	FISHER ISLAND FL 33109	City-State-Zip:	FISHER ISLAND FL 33109	
Title	DIRECTOR	Title	DIRECTOR	
Title Name	DIRECTOR PETICHENSKIY, ALBERT	Title Name	DIRECTOR FLETCHER, LARRY	
Name	PETICHENSKIY, ALBERT	Name	FLETCHER, LARRY	
Name Address	PETICHENSKIY, ALBERT ONE FISHER ISLAND DR	Name Address	FLETCHER, LARRY ONE FISHER ISLAND DR	
Name Address City-State-Zip:	PETICHENSKIY, ALBERT ONE FISHER ISLAND DR FISHER ISLAND FL 33109	Name Address City-State-Zip:	FLETCHER, LARRY ONE FISHER ISLAND DR FISHER ISLAND FL 33109	
Name Address City-State-Zip: Title	PETICHENSKIY, ALBERT ONE FISHER ISLAND DR FISHER ISLAND FL 33109 VC	Name Address City-State-Zip: Title	FLETCHER, LARRY ONE FISHER ISLAND DR FISHER ISLAND FL 33109 PRESIDENT	
Name Address City-State-Zip: Title Name	PETICHENSKIY, ALBERT ONE FISHER ISLAND DR FISHER ISLAND FL 33109 VC LORBER, HOWARD	Name Address City-State-Zip: Title Name	FLETCHER, LARRY ONE FISHER ISLAND DR FISHER ISLAND FL 33109 PRESIDENT LACKNER, BERNARD	

Continues on page 2

SECRETARY

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
-----------------------	--------

State of Elerida

Certificate of Status Desired: No

Date

FILED May 02, 2017 Secretary of State CC8752240984

05/02/2017 Date

Officer/Director Detail Continued :

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