2015 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Mar 09, 2015

Secretary of State

CC6217857709

Officer/Director Detail:

VP, DIRECTOR Title Title DIRECTOR WARD, ROGER Name Name SNIDER, GARY

Address ONE FISHER ISLAND DRIVE Address ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109 City-State-Zip: MIAMI FL 33109 City-State-Zip:

Title **DIRECTOR** Title DIRECTOR

SOSA, ROBERTO Name VON HANAU, HEINRICH Name ONE FISHER ISLAND DRIVE Address ONE FISHER ISLAND DRIVE Address City-State-Zip: FISHER ISLAND FL 33109 City-State-Zip: FISHER ISLAND FL 33109

Title SECRETARY, DIRECTOR Title PRESIDENT, DIRECTOR Name PETICHENSKIY, ALBERT Name PEPERZAK, MARC ONE FISHER ISLAND DR Address Address ONE FISHER ISLAND DR City-State-Zip: FISHER ISLAND FL 33109

Title TREASURER, DIRECTOR Name FLETCHER, LARRY

FISHER ISLAND FL 33109

Address ONE FISHER ISLAND DR FISHER ISLAND FL 33109 City-State-Zip:

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.

03/09/2015 SIGNATURE: MARC PEPERZAK PRESIDENT

Electronic Signature of Signing Officer/Director Detail

Date