

2024 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	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	PRESIDENT
Name	GJOSORVSKI, SASE
Address	ONE FISHER ISLAND DRIVE
City-State-Zip:	FISHER ISLAND FL 33109

Title	DIRECTOR
Name	DELI, ANNE
Address	ONE FISHER ISLAND DRIVE
City-State-Zip:	FISHER ISLAND FL 33109

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****03/26/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date