

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 07, 2004  
Secretary of State**

DOCUMENT# N02000007588

Entity Name: FISHER ISLAND DAY SCHOOL, INC.

**Current Principal Place of Business:**

2 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

**New Principal Place of Business:**

**Current Mailing Address:**

2 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

**New Mailing Address:**

FEI Number: 06-1650070      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

LEWIS, HAROLD L ESQ.  
ONE BISCAYNE TOWER - SUITE 2400  
TWO SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: PEARCE, MICHAEL  
Address: 2036 FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109

Title: VD ( ) Delete  
Name: POTAMKIN, ROBERT  
Address: 7714 FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109

Title: D ( ) Delete  
Name: TONKON, MELVIN MD  
Address: 2661 VICTORIA DR  
City-St-Zip: LAGUNA BEACH, CA 92651

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL E. PEARCE

PRES

01/07/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date