SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

NONPROFIT CORPORATION ANNUAL REPORT **1996**		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #   N13676   (4)
1. Corporation Name

FISHER ISLAND COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109	ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109

3. Date Incorporated or Qualified **03/04/1986**	3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **65-0004587**	Applied For / Not Applicable
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 28	Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐Yes ☐No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PALMAR, JOSEPH ONE FISHER ISLAND DR FISHER ISLAND FL 33109	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ *Joseph M. Palmar* _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PD** ☐ DELETE NAME **WEED, FRANK C** STREET ADDRESS **132C** CITY-ST-ZIP **FISHER ISLAND FL**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **T** ☐ DELETE NAME **PALMAR, JOSEPH M** STREET ADDRESS **ONE FISHER ISLAND DRIVE** CITY-ST-ZIP **FISHER ISLAND FL**		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **S** ☐ DELETE NAME **BIER, JOSEPH A.** STREET ADDRESS **ONE FISHER ISLAND DRIVE** CITY-ST-ZIP **FISHER ISLAND FL**		3.1 TITLE **S** 3.2 NAME **DAVID ALEXANDER** 3.3 STREET ADDRESS **ONE FISHER ISLAND DRIVE** 3.4 CITY-ST-ZIP **FISHER ISLAND, FL**	☒ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **POTASH, IRWIN M MD** STREET ADDRESS **2413 FISHER ISLAND DRIVE** CITY-ST-ZIP **FISHER ISLAND FL**		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **POSEY, MICHAEL** STREET ADDRESS **ONE FISHER ISLAND DR** CITY-ST-ZIP **FISHER ISLAND FL**		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED *Joseph M. Palmar* _____ (305) 535-6012
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #