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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N13676 (4)
1. Corporation Name
FISHER ISLAND COMMUNITY ASSOCIATION, INC.



Principal Place of Business ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109	Mailing Address ONE FISHER ISLAND DRIVE FISHER ISLAND FL 33109-0001
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/04/1986	3a. Date of Last Report 07/09/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0004587	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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: *[Signature]* **MICHAEL I. POSEY** DATE: **02/05/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEED, FRANK C	1.2 NAME	Richard S. Stevens
STREET ADDRESS	132C	1.3 STREET ADDRESS	One Fisher Island Drive
CITY-ST-ZIP	FISHER ISLAND FL	1.4 CITY-ST-ZIP	Fisher Island, FL 33109
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMAR, JOSEPH M	2.2 NAME	Michael I. Posey
STREET ADDRESS	ONE FISHER ISLAND DRIVE	2.3 STREET ADDRESS	One Fisher Island Drive
CITY-ST-ZIP	FISHER ISLAND FL	2.4 CITY-ST-ZIP	Fisher Island, FL 33109
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER, DAVID	3.2 NAME	Jeffrey R. Miller
STREET ADDRESS	ONE FISHER ISLAND DRIVE	3.3 STREET ADDRESS	One Fisher Island Drive
CITY-ST-ZIP	FISHER ISLAND FL	3.4 CITY-ST-ZIP	Fisher Island, FL 33109
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POTASH, IRWIN M MD	4.2 NAME	Stanley Cohen
STREET ADDRESS	2413 FISHER ISLAND DRIVE	4.3 STREET ADDRESS	4042 Fisher Island Drive
CITY-ST-ZIP	FISHER ISLAND FL	4.4 CITY-ST-ZIP	Fisher Island, FL 33109
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POSEY, MICHAEL	5.2 NAME	Mary M. Cottler
STREET ADDRESS	ONE FISHER ISLAND DR	5.3 STREET ADDRESS	7911 Fisher Island Drive
CITY-ST-ZIP	FISHER ISLAND FL	5.4 CITY-ST-ZIP	Fisher Island, FL 33109
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Thomas P. Wicky
STREET ADDRESS		6.3 STREET ADDRESS	One Fisher Island Drive
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Fisher Island, FL 33109

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]* **JEFFREY R. MILLER** DATE: **1/15/97** DAYTIME PHONE: **0028 103**

CR2E037 (9/96)