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May 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
4. FEI Number
65-0004587
Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
POSEY, MICHAEL I
ONE FISHER ISLAND DR.
FISHER ISLAND FL 33109

10. Name and Address of New Registered Agent
81 Name ROMAN, WALTER A.
82 Street Address (P.O. Box Number is Not Acceptable) ONE FISHER ISLAND DRIVE
83 FISHER ISLAND, FLORIDA 33109
84 City FL 85 Zip Code

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 *WR* DATE 4-30-98
Signature, typewritten or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STEVENS, RICHARD S	
STREET ADDRESS	ONE FISHER ISLAND DR.	
CITY-ST-ZIP	FISHER ISLAND FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	POSEY, MICHAEL I	
STREET ADDRESS	ONE FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND FL	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, JEFFREY R	
STREET ADDRESS	ONE FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POTASH, IRWIN M MD	
STREET ADDRESS	2413 FISHER ISLAND DRIVE	
CITY-ST-ZIP	FISHER ISLAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOHEN, STANLEY	
STREET ADDRESS	4842 FISHER ISLAND DR.	
CITY-ST-ZIP	FISHER ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROMAN, WALTER A	
1.3 STREET ADDRESS	ONE FISHER ISLAND DRIVE	
1.4 CITY-ST-ZIP	FISHER ISLAND, FL 33109	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	POSEY, MICHAEL I.	
2.3 STREET ADDRESS	ONE FISHER ISLAND DRIVE	
2.4 CITY-ST-ZIP	FISHER ISLAND, FLORIDA 33109	
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARCHESE, SAMUEL C.	
3.3 STREET ADDRESS	ONE FISHER ISLAND DRIVE	
3.4 CITY-ST-ZIP	FISHER ISLAND, FLORIDA 33109	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	PALMER, KAREN	
4.3 STREET ADDRESS	ONE FISHER ISLAND DRIVE	
4.4 CITY-ST-ZIP	FISHER ISLAND, FLORIDA 33109	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	COHEN, STANLEY	
5.3 STREET ADDRESS	4842 FISHER ISLAND DRIVE	
5.4 CITY-ST-ZIP	FISHER ISLAND, FLORIDA 33109	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	NORKIN, MURRAY	
6.3 STREET ADDRESS	ONE FISHER ISLAND DRIVE	
6.4 CITY-ST-ZIP	FISHER ISLAND, FLORIDA 33109	

14. I 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: *WR* WALTER A. ROMAN 04/30/98 (305)535-6000

CR2E037 (1097)