

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90179 025 ****61.25

DOCUMENT # N13676

1. Entity Name
FISHER ISLAND COMMUNITY ASSOCIATION, INC.

Principal Place of Business Mailing Address
ONE FISHER ISLAND DRIVE **ONE FISHER ISLAND DRIVE**
ATTN: MICHAEL POSEY **ATTN: MICHAEL POSEY**
FISHER ISLAND FL 33109 **FISHER ISLAND FL 33109**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0004587 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code



DO NOT WRITE IN THIS SPACE

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSEY, MICHAEL I	NAME	
STREET ADDRESS	ONE FISHER ISLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND FL 33109	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERVERA, JOE	NAME	
STREET ADDRESS	ONE FISHER ISLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND FL 33109	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLITIS, JIM	NAME	
STREET ADDRESS	ONE FISHER ISLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND FL 33109	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, ARMANDO	NAME	
STREET ADDRESS	ONE FISHER ISLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND FL 33109	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTASH, IRWIN M 2033	NAME	POTASH, IRWIN M
STREET ADDRESS	2413 FISHER ISLAND DRIVE	STREET ADDRESS	2033 FISHER ISLAND DRIVE
CITY-ST-ZIP	FISHER ISLAND FL 33109	CITY-ST-ZIP	FISHER ISLAND FL 33109
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, STANLEY	NAME	
STREET ADDRESS	4842 FISHER ISLAND DRIVE	STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND FL 33109	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **REQUIRED** **FEB 7 2000** (305) 535-6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)