

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/2

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90257 012 \*\*\*\*\*61.25

**DOCUMENT # N13676**  
 1. Entity Name  
**FISHER ISLAND COMMUNITY ASSOCIATION, INC.**

Principal Place of Business ONE FISHER ISLAND DRIVE <del>ATTN: MICHAEL POSEY</del> FISHER ISLAND FL 33109 <i>J. MELK</i>	Mailing Address ONE FISHER ISLAND DRIVE <del>ATTN: MICHAEL POSEY</del> FISHER ISLAND FL 33109 <i>J. MELK</i>
--	--

00046003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0004587</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
~~POSEY, MICHAEL~~  
 ONE FISHER ISLAND DR.  
 FISHER ISLAND FL 33109  
*JOHN MELK*

7. Name and Address of New Registered Agent  
 Name John J. MELK  
 Street Address (P.O. Box Number is Not Acceptable)  
ONE FISHER ISLAND DRIVE  
 City FISHER ISLAND FL Zip Code 33109

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-----------------------------	--	-----------------------------	---

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN MELK "P" ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DANIEL McLOAN "VP/D" ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E037 (10/00)

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: ALAN T. PARES, CFO Date: 4/19/01 Daytime Phone #: 305-535-6074