

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 20, 2004  
Secretary of State**

DOCUMENT# N13676

Entity Name: FISHER ISLAND COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

ONE FISHER ISLAND DRIVE  
ATTN: J MELK  
FISHER ISLAND, FL 33109

**New Principal Place of Business:**

**Current Mailing Address:**

ONE FISHER ISLAND DRIVE  
ATTN: J MELK  
FISHER ISLAND, FL 33109

**New Mailing Address:**

FEI Number: 65-0004587      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MELK, JOHN J  
ONE FISHER ISLAND DR.  
FISHER ISLAND, FL 33109      US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: MELK, JOHN  
Address: ONE FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109

Title: VPD      ( ) Delete  
Name: MCLEAN, DANIEL  
Address: ONE FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109

Title: SD      ( ) Delete  
Name: HORST, BINZER  
Address: ONE FISHER ISLAND DRIVE  
City-St-Zip: FISHER ISLAND, FL 33109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MELK

PD

05/20/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date