

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# N13676

Entity Name: FISHER ISLAND COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

ONE FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

New Principal Place of Business:

Current Mailing Address:

ONE FISHER ISLAND DRIVE
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:

SKRLD, INC.
201 ALHAMBRA PLAZA
SUITE 1102
CORAL GABLES, FL 33134 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: JAMES, MARK
Address: ONE FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109 US

Title: D () Delete
Name: POTASH, IRWIN DR
Address: ONE FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109 US

Title: SD () Delete
Name: POPACK, MOSHE
Address: ONE FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109 US

Title: VD () Delete
Name: DIEUDE, CARINE
Address: ONE FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109

Title: D () Delete
Name: WEBER, FRED
Address: 5043 FISHER ISLAND DR
City-St-Zip: FISHER ISLAND, FL 33109

Title: D () Delete
Name: LORBER, HOWARD
Address: 8061 FISHER ISLAND DR
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:

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 exemption stated in Chapter 119, 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: MARK JAMES

PRES

02/20/2008

Electronic Signature of Signing Officer or Director

Date