


**2008 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

|  |   |
|--|---|
| <b>DOCUMENT # N13676</b>   |  |
| 1. Entity Name<br><b>FISHER ISLAND COMMUNITY ASSOCIATION, INC.</b> |   |

FILED  
08 SEP -2 AM 9:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br><b>ONE FISHER ISLAND DRIVE<br/>FISHER ISLAND, FL 33109</b> | Mailing Address<br><b>ONE FISHER ISLAND DRIVE<br/>FISHER ISLAND, FL 33109</b> |
|---|---|



|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |

08262008 Chg-NP CR2E037 (12/06)

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

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

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b>                              |
| <b>SKRLD, INC.<br/>201 ALHAMBRA PLAZA<br/>SUITE 1102<br/>CORAL GABLES, FL 33134</b> |

|  |
|--|
| <b>7. Name and Address of New Registered Agent</b> |
| Name   |
| Street Address (P.O. Box Number is Not Acceptable) |
| City   |
| <b>FL</b> Zip Code                                 |

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. I am familiar with, and accept the obligations of registered agent.

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

**Amended AR is \$61.25**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>JAMES, MARK<br>ONE FISHER ISLAND DRIVE<br>FISHER ISLAND, FL 33109 <input type="checkbox"/> Delete               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>POTASH, IRWIN DR<br>ONE FISHER ISLAND DRIVE<br>FISHER ISLAND, FL 33109 <input type="checkbox"/> Delete           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>POPACK, MOSHE<br>ONE FISHER ISLAND DRIVE<br>FISHER ISLAND, FL 33109 <input checked="" type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>DIEUDE, CARINE<br>ONE FISHER ISLAND DRIVE<br>FISHER ISLAND, FL 33109 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>WEBER, FRED<br>5043 FISHER ISLAND DR<br>FISHER ISLAND, FL 33109 <input type="checkbox"/> Delete                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LORBER, HOWARD<br>8061 FISHER ISLAND DR<br>FISHER ISLAND, FL 33109 <input type="checkbox"/> Delete               |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><br><b>900135603069</b>   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br><b>09/09/08--01026--019</b> <input type="checkbox"/> <del>\$61.25</del>  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | SD<br>Dieude, Carine<br>one Fisher Island Drive<br>Fisher Island, FL 33109. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VD<br>Snider, Gary<br>one Fisher Island Drive<br>Fisher Island, FL 33109. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mark James **MARK JAMES**, President 8.25.08 3055424105  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

*MA. 9/4*