

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N30344** (8)

1. Corporation Name

**OCEANSIDE AT FISHER ISLAND CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

C/O MICHAEL A. MASH, JR.  
1 FISHER ISLAND DRIVE  
FISHER ISLAND FL 33109

C/O MICHAEL A. MASH, JR.  
1 FISHER ISLAND DRIVE  
FISHER ISLAND FL 33109

3. Date Incorporated or Qualified **01/25/1989** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number <b>65-0096544</b>	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	City & State	27	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Zip	28	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCCCLUSKEY, MALCOLM M**  
8021 FISHER ISLAND DR  
FISHER ISLAND FL 33109

10. Name and Address of New Registered Agent

81	Name	<b>Bartley, Richard S.</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>4520 Oceanfront Avenue</b>
83	City	<b>Virginia Beach, VA</b>
84	State	<b>FL</b>
85	Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Richard S. Bartley* (NOTE: Registered Agent signature required when reinstating) DATE: **1-25-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCCLUSKEY, MALCOLM M</b>	1.2 NAME	<b>McCluskey, Malcolm</b>
STREET ADDRESS	<b>8021 FISHER ISLAND DR</b>	1.3 STREET ADDRESS	<b>8021 Fisher Island Drive</b>
CITY-ST-ZIP	<b>FISHER ISLAND FL</b>	1.4 CITY-ST-ZIP	<b>Fisher Island, FL 33109</b>
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTLEY, RICHARD S</b>	2.2 NAME	<b>Bartley, Richard S.</b>
STREET ADDRESS	<b>4520 OCEANFRONT AVE</b>	2.3 STREET ADDRESS	<b>4520 Oceanfront Avenue</b>
CITY-ST-ZIP	<b>VIRGINIA BEACH VA</b>	2.4 CITY-ST-ZIP	<b>Virginia Beach, VA</b>
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEBOW, GERALDINE C</b>	3.2 NAME	<b>Isabel Murray</b>
STREET ADDRESS	<b>8061 FISHER ISLAND DRIVE</b>	3.3 STREET ADDRESS	<b>8053 Fisher Island Drive</b>
CITY-ST-ZIP	<b>FISHER ISLAND FL</b>	3.4 CITY-ST-ZIP	<b>Fisher Island, FL 33109</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Richard S. Bartley* (NOTE: Registered Agent signature required when reinstating) DATE: **1-25-96** Daytime Phone #: **305-672 0077**

CR2E037 (12/95)