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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N30344

(8)

OCEANSIDE AT FISHER ISLAND CONDOMINIUM ASSOCIATION, INC.

C/O MICHAEL A. MASH. JR. 1 FISHER ISLAND DRIVE FISHER ISLAND FL 33109  2. Principal Place of Business 3. Date Incorporated or Cualified 3. Date Incorporated or Cualified 3. Date Incorporated or Cualified 3. Principal Place of Business 3. Date Incorporated or Cualified 3. Principal Place of Business 3. Principal Place of Status Desired of Certificate of Status Desired 3. Principal Place of	Principal Place of Business Mailing Address					-		
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Proposition Place of Business   2n. Mainry Andress   3n. Date to consisted   3n. Date of Last Report   50,001/895   3n. Date of Scholl 1985   50,001/895   50,001/895   50,000   50,0	1 FISHER ISLAND DRIVE 1 FISHER ISLAND DRIVE			IND DRIVE				
2. Making Address   2. Making Address   3. Certificate of Status Doses   3. Suite, Act. 4, etc.   5. Certificate of Status Doses   5. Certificate of Certificate of Certificate of Certificate of Certificate of Status Doses   5. Certificate of Certificat	FISHER ISLA	ND FL 33109	FISHER ISLANI	D FL 33109				
SATE, APA # ARC.    Sate   27   27   28   29   29   30   30   30   30   30   30   30   3	2. Principal Pla	ace of Business	2a. Mailing Addr	ess		4. FEI Number	1	<del></del>
City & State   27	21					65-0096544		Not Applicable
28   Tous Fund Contribution   Added to Fees	Suite, Apt.	#, etc.	<u> </u>	, etc.		5. Certificate of Status Desired	1 1	
28     Trust Fund Contribution   Added to Fees   Addition   Added to Fees   Addition   Added to Fees   Addition   Added to Fees   Addition   Addition   Added to Fees   Addition   Additi	City & State	9	City & State			6. Election Campaign Financing	_ \$5.	00 May Be
Country   Zo	23	<u> </u>	28			Trust Fund Contribution		
9. Name and Address of Current Registered Agent  MCCLUSKEY, MALCOLM M 8021 FISHER ISLAND DR FISHER ISLAND FL 33109  82		├ <del></del> ′	· ·	<u>├</u>				s. 199.032,
MCCLUSKEY, MALCOLM M 8021 RISHER ISLAND DR FISHER ISLAND FL 33109  82 Street Audress, P.P. Box Number is poly Cocean Front Avenue  83 Virginia Beach, VA  84 City  FL 85 Zep Code  85 Virginia Beach, VA  86 City  FL 85 Zep Code  87 City  FL 85 Zep Code  87 City  FL 85 Zep Code  88 City  FL 85 Zep Code  89 City  FL 85 Zep Code  89 City  FL 85 Zep Code  80 Zep Code	24		1	[30]				
MCCLUSKEY, MALCOLM M 8021 RISHER ISLAND DR FISHER ISLAND FL 33109  82 Street Asstrates P.Q. Box Number is Not Acceptable 92 Ocean Front Avenue  83 Virginia Beach, VA  84 City FL 85 Ze Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florids Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, to both in the Syste of Florids. Such change was submitted by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent. J both in the Syste of Florids. Such change was submitted by the corporation's board of directors. Thereby accept the appointment as registered office or registered agent. J both in the System of Florids and Statutes.  SIGNATURE  PO CERCERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS IN 12  12. NAME  MCCLUSKEY, MALCOLM M  MCCLUSKEY, MALCOLM M  MCCLU		9. Name and Address of Curre	ent Registered Agent		Mana	<del> </del>		
## 4520 Oceanfront Avenue    Solid   Statutes   Statute				[61]	name E	Bartley, Richard	S.	
Ball City   FL   Bs   Zip Code				82	Street Address (P.O. Box Number is Not Acceptable) 4520 Oceanfront Avenue			
11. Pursuant to the provisions of Sections 617.0502 and 617.1608. Florids Statutes, the above-harned corporation submits this statement for the purpose of changing his registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with another purpose of obligations of specient 617.0503. Proded Statutes.  SIGNATURE  SIGNATURE  SUPPLY OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  WILE  PD  CCFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  YEARS  MCCLUSKEY, MALCOLIM M.  8021 FISHER ISLAND BR  13. TREE LADDRESS  8021 FISHER I Island Drive  FISHER ISLAND FL  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  YEARS  MCCLUSKEY, MALCOLIM M.  8021 FISHER ISLAND FL  13. STREET ADDRESS  8021 FISHER I Island Drive  FISHER ISLAND FL  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  YEARS  8021 FISHER I Island Drive  FISHER ISLAND FL  13. STREET ADDRESS  8021 FISHER I Island Drive  FISHER ISLAND FL  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  YEARS  8021 FISHER I Island Drive  FISHER ISLAND FL  13. STREET ADDRESS  8021 FISHER I Island Drive  FISHER ADDRESS  4520 OCEANFRONT AVE  VIRGINIA BEACH VA  22. ADDITIONS/CHANGES AND DIRECTORS AND	FISHER	ISLAND FL 33109		83	7	/irginia Beach, V	A	
or registered aged, 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 published to describe the product of the produc					•		FL   T	•
SIGNATURE    PD	11. Pursuant t	to the provisions of Sections 617.050	02 and 617,1508, Florid	a Statutes, the above-na	med corporat	ion submits this statement for the purpo	ose of changing its	registered office
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE PD   DELETE	familiar wi	th, and accept the obligations of Se	ction 617.0503, Florida	Statutes.	iation 5 board	of directors, Thereby accept the appoin	in ion as registers	agent. ram
12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  THE PD   DELETE	SIGNATURE	held I bout					1-28-96	
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NAME  LEBOW, GERALDINE C  8061 FISHER ISLAND DRIVE FISHER ISLAND FL  32 NAME 33 STREET ADDRESS CITY-ST-ZIP FISHER ISLAND FL  34. CITY-ST-ZIP FISHER ISLAND, FL  34. CITY-ST-ZIP FISHER ISLAND, FL  34. CITY-ST-ZIP FISHER ISLAND, FL  34. CITY-ST-ZIP  14. CITY-ST-ZIP  14. CITY-ST-ZIP  14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(N). 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 certify that I he information indicated on this annual report or true receiver of true exemption stated in Section 119.07(3)(N). Florida Statutes. I further certify that I have notificed or of this comparison or the receiver of true exemption stated in Section 119.07(3)(N). Florida Statutes. I further certify that I have notified receiver of the comparison or the receiver or trustee empowered to execute this report as refured by Chearter 637. Florida Statutes and that my appears are found as refured by Chearter 637. Florida Statutes and that my appears are found as refured by Chearter 637. Florida Statutes and that my appears are found as refured by Chearter 637. Florida Statutes and that my appears are found as refured by Chearter 637. Florida Statutes and that my appears are found as refured by Chearter 637. Florida Statutes and that my appears are found as refured by Chearter 637. Florida Statutes and that my appears are found as refured by Chearter 637. Florida Statutes and that my appears are found as refured by Chearter 637. Florida Statutes and that my appears are found as refured by Chearter 637. Florida Statutes and that my appears are found as refured by Chearter 637. Florida Statutes and that my appears are found as refured by Chearter 637. Florida Statutes and that my appears are found as found and that my appears are found as found and the found and t						4520 Oceanfron	t Avenue	•
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	certify that oath: that	t the information indicated on this an Lam an officer or director of the corr	nual report or suppleme	ntál annual report is true or trustee empowered to	and accurate	and that my signature shall have the sa	me legal effect as	if made under

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SISSING OFFICER OR DIRECTOR

LL8-96

305-672 0077

Deytime Phone #

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