

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

02-29-2000 90186 007 ****61.25

DOCUMENT # N30344

1. Entity Name

OCEANSIDE AT FISHER ISLAND CONDOMINIUM ASSOCIATI



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

19688



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0096544

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTLEY, RICHARD S.
 4520 OCEANFRONT AVE
 VIRGINIA BCH FL 33109

Name: **HOWARD LOR BEN**
 Street Address (P.O. Box Number is Not Acceptable): **8061 FISHER ISLAND DRIVE**
 City: **FISHER ISLAND** FL Zip Code: **33109**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDIN, BARRY 8043 FISHER LISAND DR FISHER ISLAND FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARTLEY, RICHARD S 4520 OCEANFRONT AVE VIRGINIA BEACH VA	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MURRAY, ISABEL 8053 FISHER ISLAND DR FISHER ISLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HOWARD LOR BEN 8061 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)

DOC#N30344

19688

OCEANSIDE CONDO NO. ONE

DIVISION OF CORPORATIONS

Invoice Number	Invoice Date	Voucher	Entity	Account	Invoice Amount
DOC#N30344	01/13/00	042770	0569 OCEANSIDE CONDO NO.	50050 00 FILING FEE-2000	61.25

P A I D
FEB 21 2000

01/14/2000

Check AY 001780

61.25