

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32955

FILED
Apr 14, 2009
Secretary of State

Entity Name: SEASIDE AT FISHER ISLAND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6 FISHER ISLAND DR.
FISHER ISLAND, FL 33109 US

New Principal Place of Business:

Current Mailing Address:

6 FISHER ISLAND DR.
FISHER ISLAND, FL 33109 US

New Mailing Address:

FEI Number: 65-0129492 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLIAKOFF, GARY A
3111 STIRLING RD
FORT LAUDERDALE, FL 33312 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: PSD () Delete
Name: IRVING, SUZANNA B
Address: 19134 FISHER ISLAND DR
City-St-Zip: FISHER ISLAND, FL 33109

Title: VPTD () Delete
Name: COLLINS, GEORGE
Address: 19223 FISHER ISLAND DR.
City-St-Zip: FISHER ISLAND, FL 33109

Title: VPD () Delete
Name: DRUBNER, NORMAN
Address: 19245 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: IRVING, SUZANNA B
Address: 19134 FISHER ISLAND DR
City-St-Zip: FISHER ISLAND, FL 33109

Title: D (X) Change () Addition
Name: CONRAD, ROBERT
Address: 19123 FISHER ISLAND DR.
City-St-Zip: FISHER ISLAND, FL 33109

Title: D (X) Change () Addition
Name: DRUBNER, NORMAN
Address: 19245 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109

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: SUZANNA B IRVING

P

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date