

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36502

FILED
Mar 20, 2009
Secretary of State

Entity Name: OCEANSIDE AT FISHER ISLAND CONDOMINIUM NO. TWO 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: 65-0173588

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYMAN, MICHAEL
150 W FLAGLER ST
27TH FLOOR MUSEUM TOWER
MIAMI, FL 33130 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: PD () Delete
Name: LARSEN, RAY
Address: 7914 FISHER ISLAND DR
City-St-Zip: FISHER ISLAND, FL 33109

Title: TD () Delete
Name: GERSTEIN, GARY
Address: 7965 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109

Title: SD () Delete
Name: KATZ, MICHAEL
Address: 7955 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LARSEN, RAYMOND
Address: 7914 FISHER ISLAND DR
City-St-Zip: FISHER ISLAND, FL 33109

Title: T (X) Change () Addition
Name: GERSTEIN, GARY
Address: 7965 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109 US

Title: VP (X) Change () Addition
Name: KATZ, MICHAEL
Address: 7955 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109 US

Title: O () Change (X) Addition
Name: THOMPSON, ROBERT
Address: 7933 FISHER ISLAND DRIVE
City-St-Zip: FISHER ISLAND, FL 33109 US

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: RAYMOND LARSON

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date