2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N48647

Entity Name: OCEANSIDE AT FISHER ISLAND CONDOMINIUM NO. FOUR ASSOCIATION, INC.

Current Principal Place of Business:

41221 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

New Principal Place of Business:

41213 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

Current Mailing Address:

41221 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

New Mailing Address:

41213 FISHER ISLAND DRIVE
FISHER ISLAND, FL 33109

FEI Number: 65-0334592 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HYMAN, MICHAEL
150 WEST FLAGLER STREET
MUSEUM TOWER SUITE 2701
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: ABRAMSON, GARY
Address: 7731 FISHER ISLAND DR
City-St-Zip: FISHER ISLAND, FL 33109

Title: SD ( ) Delete
Name: HODGES, ROBERT
Address: 7735 FISHER ISLAND DR
City-St-Zip: FISHER ISLAND, FL 33109

Title: TD ( ) Delete
Name: BALDINO, FRANK
Address: 7751 FISHER ISLAND DR
City-St-Zip: FISHER ISLAND, FL 33109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: PORTELL, MARY ANNE
Address: 7761 FISHER ISLAND DR
City-St-Zip: FISHER ISLAND, FL 33109

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GARY ABRAMSON PD 04/27/2009

Electronic Signature of Signing Officer or Director — Date