

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000007588

**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**9206555481CC**

**Entity Name:** FISHER ISLAND DAY SCHOOL, INC.

**Current Principal Place of Business:**

2 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

**Current Mailing Address:**

2 FISHER ISLAND DR.  
MIAMI BEACH, FL 33109 US

**FEI Number:** 06-1650070

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LEWIS, HAROLD LESQ.  
ONE BISCAYNE TOWER - SUITE 2400  
TWO SOUTH BISCAYNE BOULEVARD  
MIAMI, FL 33131 US

*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

**Officer/Director Detail :**

Title           TREASURER, DIRECTOR  
Name           NEFF, BRIAN  
Address        7133 FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title           VP, SECRETARY, DIRECTOR  
Name           ESCOFFERY, LORNA PH.D.  
Address        7310 SW 96 STREET  
City-State-Zip: MIAMI FL 33156

Title           PRESIDENT, CHAIRMAN, DIRECTOR  
Name           NEFF, JANA  
Address        7133 FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title           DIRECTOR  
Name           MELNICK, LAURIE  
Address        2114 FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title           DIRECTOR  
Name           HIRSH, VERA A  
Address        3961 N 40 AVENUE  
City-State-Zip: HOLLYWOOD FL 33021

Title           DIRECTOR  
Name           FERRARO, JAMES L  
Address        600 BRICKELL AVENUE  
                  SUITE 3800  
City-State-Zip: MIAMI FL 33131

Title           DIRECTOR  
Name           MACKENZIE, DONALD S  
Address        5251 FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title           DIRECTOR  
Name           PARSONS, KATHERINE A.  
Address        1717 N BAYSHORE DRIVE  
                  APT. 2551  
City-State-Zip: MIAMI FL 33132

*I hereby 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 all other like empowered.*

**SIGNATURE:** VERA HIRSH

**DIRECTOR**

**02/07/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date