

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N02000007588

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

**Current Principal Place of Business:**

2 FISHER ISLAND DR.  
MIAMI BEACH, 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:**

ARCHAMBAULT, LOUIS  
701 BRICKELL AVENUE  
17TH FLOOR C/O SAUL EWING LLP  
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:** LOUIS ARCHAMBAULT

04/05/2023

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           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           VP, SECRETARY, 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        19214 FISHER ISLAND DRIVE  
City-State-Zip: MIAMI BEACH FL 33109

Title           DIRECTOR  
Name           RUDYAK, ERNEST  
Address        5211 FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

**Continues on page 2**

*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:** JANA NEFF

PRESIDENT

04/05/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           BELL, MICHAEL J  
Address        161 NE 108TH STREET  
City-State-Zip: MIAMI SHORES FL 33161