

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13676

**FILED  
Mar 01, 2022  
Secretary of State  
5812439626CC**

**Entity Name:** FISHER ISLAND COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

ONE FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109

**Current Mailing Address:**

ONE FISHER ISLAND DRIVE  
FISHER ISLAND, FL 33109 US

**FEI Number:** 65-0004587

**Certificate of Status Desired:** No

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

PEYTON BOLIN, PL  
3343 W. COMMERCIAL BLVD  
SUITE 100  
FORT LAUDERDALE, FL 33309 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            PRESIDENT  
Name            SOSA, ROBERTO  
Address        ONE FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title            VP  
Name            VON HANAU, HEINRICH  
Address        ONE FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title            TREASURER  
Name            REID, MARK  
Address        ONE FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title            SECRETARY  
Name            MARKS, LAUREN  
Address        ONE FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title            DIRECTOR  
Name            RYAN, LEE ANN  
Address        ONE FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title            DIRECTOR  
Name            GAVIDIA, NICANOR  
Address        ONE FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title            DIRECTOR  
Name            HOROWITZ, JEFFREY  
Address        ONE FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title            DIRECTOR  
Name            FERRARO, JAMES L.  
Address        ONE FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

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*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:** ROBERTO SOSA

**PRESIDENT**

**03/01/2022**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name ASHKIN, MICHAEL  
Address ONE FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title DIRECTOR  
Name DENAIN, CEDRIK  
Address ONE FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title DIRECTOR  
Name DRURY, ARCHIE  
Address ONE FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109