2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01000000769

1. Entity Name
7600 OCEANSIDE AT FISHER ISLAND CONDOMINIUM ASSOCIATION, INC.

94049745

Principal Place of Business	Mailing Address
ONE FISHER ISLAND DR	ONE FISHER ISLAND DR
FISHER ISLAND, FL 33109	FISHER ISLAND, FL 33109

01062004   Chg-NP   CR2E037 (10/03)

2. Principal Place of Business
3300 Corporate Ave.
Suite, Apt. #, etc.
Suite 110
City & State
Weston FL
Zip 33331   Country Broward

3. Mailing Address
3300 Corporate Ave
Suite, Apt. #, etc.
Suite 110
City & State
Weston FL
Zip 33331   Country Broward

4. FEI Number 65-1088208   Applied For / Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
POLIAKOFF, GARY BECKER & POLIAKOFF 3111 STIRLING RD FORT LAUDERDALE, FL 33312	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL ___ Zip Code ___

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $61.25 **Due by May 1, 2004**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make check payable to** **Florida Department of State**

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PORTELL, MARY ANN ONE FISHER ISLAND DR FISHER ISLAND, FL 33109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Portell, Mary Ann 3300 Corporate Ave, #110 Weston, FL 33331	☑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WALTERS, JULIE ONE FISHER ISLAND DR FISHER ISLAND, FL 33109	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BERLIN, JIM ONE FISHER ISLAND DR FISHER ISLAND, FL 33109	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T Berlin, James 3300 Corporate Ave, #110 Weston, FL 33331	☑ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Davis, Norwood 3300 Corporate Ave, #110 Weston, FL 33331	☐ Change	☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #