


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90042 010 \*\*\*\*61.25

**DOCUMENT # N0100000769**

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



Principal Place of Business  
 3300 CORPORATE AVE  
 SUITE 110  
 FORT LAUDERDALE, FL 33331

Mailing Address  
 3300 CORPORATE AVE  
 SUITE 110  
 FORT LAUDERDALE, FL 33331

2. Principal Place of Business  
 1495 N. Park Dr  
 Suite, Apt. #, etc.

3. Mailing Address  
 1495 N. Park Dr.  
 Suite, Apt. #, etc.


City & State  
 Weston FL

City & State  
 Weston FL

Zip Country  
 33326 Broward

Zip Country  
 33326 Broward

60019417



01112006 Chg-NP CR2E037 (11/05)

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

POLIAKOFF, GARY  
 BECKER & POLIAKOFF  
 3111 STIRLING RD  
 FORT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_

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

**Filing Fee is \$61.25 Due by May 1, 2006**

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	SD PORTELL, MARY ANN 3300 CORPORATE AVE #110 FORT LAUDERDALE, FL 33331 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BERLIN, JIM 3300 CORPORATE AVE 3110 FORT LAUDERDALE, FL 33331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Blum, JEFFREY 1495 N. Park Dr. Weston FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZUKOWSKI, ROBERT 3300 CORPORATE AVE #110 FORT LAUDERDALE, FL 33331 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANTEFORT, THOMAS 1495 N. Park Dr. Weston FL 33326 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Thomas Santefort 2/13/06

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