

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90015 048 \*\*\*\*61.25

**DOCUMENT # N01000003869**

1. Entity Name  
5000 BAYVIEW AT FISHER ISLAND CONDOMINIUM  
ASSOCIATION, INC.



Principal Place of Business  
ONE FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

Mailing Address  
ONE FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

**54022203**



01062004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0605833

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  
311 STIRLING RD  
FORT LAUDERDALE, FL 33312

**DO NOT WRITE  
IN THIS SPACE**

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**

**10. OFFICERS AND DIRECTORS**

TITLE	VPD
NAME	BABSON, MARTA
STREET ADDRESS	ONE FISHER ISLAND DR.
CITY - ST - ZIP	FISHER ISLAND, FL 33109
TITLE	PD
NAME	FANO, TONY
STREET ADDRESS	ONE FISHER ISLAND DR.
CITY - ST - ZIP	FISHER ISLAND, FL 33109
TITLE	TD
NAME	WEBER, FRED
STREET ADDRESS	ONE FISHER ISLAND DR.
CITY - ST - ZIP	FISHER ISLAND, FL 33109
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

3/10/04

Date

305-532-8889

Daytime Phone #