

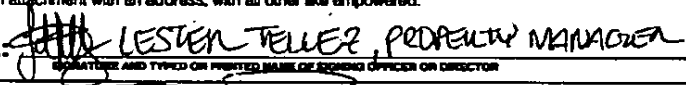


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90059 006 \*\*\*\*61.25

<b>DOCUMENT # N50952</b>					
1. Entity Name OCEANSIDE AT FISHER ISLAND CONDOMINIUM NO. FIVE ASSOCIATION, INC.					
Principal Place of Business ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109			Mailing Address ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0360806	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PARESKY, DAVID 7212 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109			Name <b>POLIAKOFF, GARY (BECKEN &amp; POLIAKOFF)</b> Street Address (P.O. Box Number is Not Acceptable) <b>311 STIRLING RD</b> City <b>FORT LAUDERDALE, FL</b> Zip Code <b>33312</b>		
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 <b>3-23-05</b>	
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERKMAN, BOBBI	NAME			
STREET ADDRESS	7262 FISHER ISLAND DRIVE	STREET ADDRESS			
CITY-ST-ZIP	FISHER ISLAND, FL 33109	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP	FISHER ISLAND, FL 33109	CITY-ST-ZIP			
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ENDRESEN, MARIE	NAME			
STREET ADDRESS	7252 FISHER ISLAND DR.	STREET ADDRESS			
CITY-ST-ZIP	FISHER ISLAND, FL 33109	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: 			DATE: <b>1/11/05</b>		DAYTIME PHONE #: <b>(305) 532-3144</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

66007574



01112005 Chg-NP CP2E037 (10/03)

4. FEI Number 65-0360806 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

Name: **POLIAKOFF, GARY (BECKEN & POLIAKOFF)**  
 Street Address (P.O. Box Number is Not Acceptable): **311 STIRLING RD**  
 City: **FORT LAUDERDALE, FL** Zip Code: **33312**

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SIGNATURE:  DATE: **3-23-05**

Filing Fee is \$81.25 Due by May 1, 2005. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees. Make check payable to Florida Department of State.

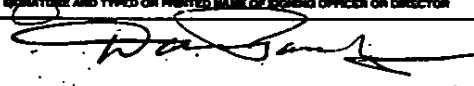
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SIGNATURE:  DATE: **1/11/05** DAYTIME PHONE #: **(305) 532-3144**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

 **3/21/05**