


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90229 021 ****61.25

DOCUMENT # N50952					
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		4. FEI Number 65-0360806	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
POLIAKOFF, GARY 311 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERKMAN, BOBBI			NAME	<i>VP</i>
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
NAME	PARESKY, DAVID			NAME	
STREET ADDRESS	7212 FISHER ISLAND DRIVE			STREET ADDRESS	
CITY-ST-ZIP	FISHER ISLAND, FL 33109			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENDRESEN, MARIE			NAME	<i>VP</i>
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 checked="" type="checkbox"/> Addition
NAME				NAME	SD
STREET ADDRESS				STREET ADDRESS	Warren Schaeffer
CITY-ST-ZIP				CITY-ST-ZIP	7214 Fisher Island Drive Fisher Island, Florida 33109
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	TD
STREET ADDRESS				STREET ADDRESS	Gene Locks
CITY-ST-ZIP				CITY-ST-ZIP	7265 Fisher Island Drive Fisher Island, Florida 33109
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: _____ <i>Resident 4/12/06</i> _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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