


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # N50952 1. Entity Name OCEANSIDE AT FISHER ISLAND CONDOMINIUM NO. FIVE ASSOCIATION, INC.	
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Principal Place of Business ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	Mailing Address ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109
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DO NOT WRITE IN THIS SPACE



02072007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0360806	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POLIAKOFF, GARY
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)

4000000637734
02/25/07 DATE 005 01.25

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERKMAN, BOBBI 7262 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARESKY, DAVID 7212 FISHER ISLAND DRIVE FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ENDRESEN, MARIE 7252 FISHER ISLAND DR. FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHAEFFER, WARREN 7214 FISHER ISLAND DR FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOCKS, GENE 7265 FISHER ISLAND DR FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:  **1/31/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #