


05-02-2008 90139 015 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

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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 - No P.O. Box # 13 FISHER ISLAND DR	3. Mailing Address 13 FISHER ISLAND DR	Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State FISHER ISLAND, FL	City & State FISHER ISLAND, FL	4. FEI Number 65-0360806
Zip 33109	Country DADE	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		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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2008	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: VP NAME: BERKMAN, BOBBI STREET ADDRESS: 7262 FISHER ISLAND DRIVE CITY-ST-ZIP: FISHER ISLAND, FL 33109 <input checked="" type="checkbox"/> Delete	TITLE: VP NAME: JEFF HODOWITZ STREET ADDRESS: 7273 FISHER ISLAND DR CITY-ST-ZIP: FISHER ISLAND, FL 33109 PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: PD NAME: PARESKY, DAVID STREET ADDRESS: 7212 FISHER ISLAND DRIVE CITY-ST-ZIP: FISHER ISLAND, FL 33109 <input type="checkbox"/> Delete
TITLE: VP NAME: ENDRESEN, MARIE STREET ADDRESS: 7252 FISHER ISLAND DR. CITY-ST-ZIP: FISHER ISLAND, FL 33109 <input checked="" type="checkbox"/> Delete	TITLE: VP NAME: WARREN SCHAEFFER STREET ADDRESS: 7214 FISHER ISLAND DR. CITY-ST-ZIP: FISHER ISLAND, FL 33109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: SD NAME: SCHAEFFER, WARREN STREET ADDRESS: 7214 FISHER ISLAND DR CITY-ST-ZIP: FISHER ISLAND, FL 33109 <input type="checkbox"/> Delete
TITLE: TD NAME: LOCKS, GENE STREET ADDRESS: 7265 FISHER ISLAND DR CITY-ST-ZIP: FISHER ISLAND, FL 33109 <input type="checkbox"/> Delete	TITLE: VP NAME: MARC PERFERZAK STREET ADDRESS: 7255 FISHER ISLAND DR CITY-ST-ZIP: FISHER ISLAND, FL 33109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE: TD NAME: GENE LOCKS STREET ADDRESS: 7265 FISHER ISLAND DR CITY-ST-ZIP: FISHER ISLAND, FL 33109 <input checked="" type="checkbox"/> Change <input 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	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ <input type="checkbox"/> Delete
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 _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____