

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


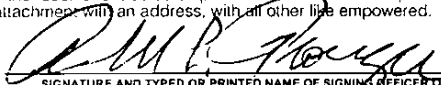
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Feb 20, 2007 8:00 am
Secretary of State

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01052007 Chg-NP CR2E037 (12/06)

DOCUMENT # N04000010113			
1. Entity Name 5100 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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
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	
MCLEAN, DANIEL E ONE FISHER ISLAND DR. FISHER ISLAND, FL 33109		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, 2007		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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORENZA, RANDY	NAME	
STREET ADDRESS	5171 FISHER ISLAND DR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33109	CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHLOSSBERG, RUTH	NAME	TD VERBITSKY, BONITA
STREET ADDRESS	5113 FISHER ISLAND DR	STREET ADDRESS	5121 FISHER ISLAND DRIVE
CITY-ST-ZIP	MIAMI BEACH, FL 33109	CITY-ST-ZIP	MIAMI BEACH, FL 33109
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELEZ, MYRA	NAME	
STREET ADDRESS	5124 FISHER ISLAND DR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 33109	CITY-ST-ZIP	
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	
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	
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: 		Date: 2/7/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	