


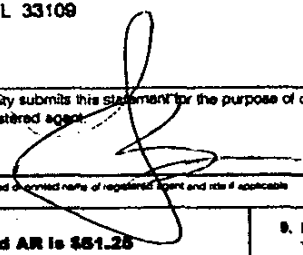
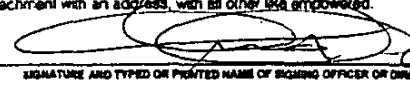
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N13676			
1. Entity Name FISHER ISLAND COMMUNITY ASSOCIATION, INC.			
Principal Place of Business ONE FISHER ISLAND DRIVE ATTN: CEDRIK DENAIN FISHER ISLAND, FL 33109		Mailing Address ONE FISHER ISLAND DRIVE ATTN: CEDRIK DENAIN FISHER ISLAND, FL 33109	
2. Principal Place of Business One Fisher Island Dr. Suite, Apt. #, etc.		3. Mailing Address 2 Alhambra Plaza Suite, Apt. #, etc. PH2-C	
City & State Fisher Island, FL		City & State Coral Gables, FL	
Zip 33109	Country USA	Zip 33134	Country USA
4. FEI Number 65-0004587		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DENAIN, CEDRIK ONE FISHER ISLAND DR. FISHER ISLAND, FL 33109		7. Name and Address of New Registered Agent Name Luis P. De La Cruz Street Address (P.O. Box Number is Not Acceptable) 2 Alhambra Plaza, PH2-C City Coral Gables FL Zip Code 33134	
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		DATE 8/22/2006 DATE	
Amended AR is \$51.25		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 NAME STREET ADDRESS CITY - ST - ZIP	COO DENAIN, CEDRIK ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Carine Dieude 1 Fisher Island Dr, F.I., FL 33109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Michael C. Fong 1 Fisher Island Dr., F.I., FL 33109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Gaele Silva 1 Fisher Island Dr., F.I., FL 33109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Robert Sosa 1 Fisher Island Dr., F.I., FL 33109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Bentley Blum 7252 Fisher Island Dr, F.I., FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Howard Lorber 8061 Fisher Island Dr, F.I., FL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 BSA empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 8/22/2006 DATE	
		Daytime Phone # 305 695 3059	

K. Eckel NOV 29 2006

* SEE ADDITIONAL DIRECTOR
ON NEXT PAGE


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TALLAHASSEE, FLORIDA

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State, Apt. #, etc.		Suite, Apt. #, etc. PH2-C	
City & State Fisher Island, FL		City & State Coral Gables, FL	
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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 8/22/2006	
Signature, types or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when electing)			
Amended AR is \$61.25		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 NAME STREET ADDRESS CITY - ST - ZIP	COO DENAIN, CEDRIK ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Irwin Potash 2033 Fisher Island Dr, F.I., FL 33109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700082329477 12/06/06--01058--020 **61.25 <input 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	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE: _____		DATE 8/22/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR		CARINE DIEUDE	
		Daytime Phone # 3056953053	