


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N13676</b> 1. Entity Name <b>FISHER ISLAND COMMUNITY ASSOCIATION, INC.</b>	
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FILED

07 FEB 20 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109</b>	Mailing Address <b>2 ALHAMBRA PLAZA PH2-C CORAL GABLES, FL 33134</b>
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01172007 No Chg-NP CR2E037 (4/06)

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4. FEI Number <b>65-0004587</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  DE LA CRUZ, LUIS F 2 ALHAMBRA PLAZA PH2-C CORAL GABLES, FL 33134
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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 \_\_\_\_\_ (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"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	DIEUDE, CARINE
STREET ADDRESS	ONE FISHER ISLAND DRIVE
CITY-ST-ZIP	FISHER ISLAND, FL 33109
TITLE	VP
NAME	FONG, MICHAEL C
STREET ADDRESS	ONE FISHER ISLAND DRIVE
CITY-ST-ZIP	FISHER ISLAND, FL 33109
TITLE	S
NAME	SILVA, GAELE
STREET ADDRESS	ONE FISHER ISLAND DRIVE
CITY-ST-ZIP	FISHER ISLAND, FL 33109
TITLE	T
NAME	SOSA, ROBERT
STREET ADDRESS	ONE FISHER ISLAND DRIVE
CITY-ST-ZIP	FISHER ISLAND, FL 33109
TITLE	D
NAME	BLUM, BENTLEY
STREET ADDRESS	7252 FISHER ISLAND DR
CITY-ST-ZIP	FISHER ISLAND, FL
TITLE	D
NAME	LORBER, HOWARD
STREET ADDRESS	8061 FISHER ISLAND DR
CITY-ST-ZIP	FISHER ISLAND, FL

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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: *Robert Sosa* 2/5/07 305-525-6056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #