
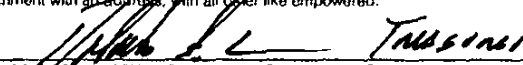


**2007 NOT-FOR-PROFIT CORPORATION
AMENDED ANNUAL REPORT**

FILED

07 MAY 11 AM 8:58

STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N13676			
1. Entity Name FISHER ISLAND COMMUNITY ASSOCIATION, INC.		Principal Place of Business ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2 ALHAMBRA PLAZA PH2-C CORAL GABLES, FL 33134	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0004587		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 DE LA CRUZ, LUIS F 2 ALHAMBRA PLAZA PH2-C CORAL GABLES, FL 33134		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 _____ (NOTE: Registered Agent signature required when reappointing) (DATE: _____)			
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	P DIEUDE, CARINE ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT (P) / DIRECTOR (D) JAMES, MARK ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FONG, MICHAEL C ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR (D) POTASH, DR. IRWIN ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILVA, GAELE ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY (S) / DIRECTOR (D) SILVA, GAELE ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOSA, ROBERT ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT (VP) / DIRECTOR (D) FONG, MICHAEL ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLUM, BENTLEY 7252 FISHER ISLAND DR FISHER ISLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER (T) / DIRECTOR (D) SOSA, ROBERTO ONE FISHER ISLAND DRIVE FISHER ISLAND, FL 33109 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LORBER, HOWARD 8061 FISHER ISLAND DR FISHER ISLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 like empowered.			
SIGNATURE: 		4/26/07 (305) 535-6056	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	



04252007 Chg-NP CR2E037 (12/06)

Applied For Not Applicable

\$8.75 Additional Fee Required

FL Zip Code

Handwritten initials/signature

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05/23/07--01014--012 *\$61.25