

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003869

**Entity Name:** 5000 BAYVIEW AT FISHER ISLAND CONDOMINIUM ASSOCIATION, INC.

**FILED  
Apr 30, 2014  
Secretary of State  
CC5355356785**

**Current Principal Place of Business:**

42205 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

**Current Mailing Address:**

42205 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109 US

**FEI Number: 65-0605833**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SIEGFRIED, RIVERA, LERNER, DE LA TORRE & S  
201 ALHAMBRA CIRCLE  
SUITE 1102  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           VP  
Name           BABSON, MARTA  
Address       5051 FISHER ISLAND DR  
City-State-Zip: FISHER ISLAND FL 33109

Title           P  
Name           LEIBEL, COREY  
Address       5021 FISHER ISLAND DR  
City-State-Zip: FISHER ISLAND FL 33109

Title           TREASURER  
Name           CHERRY, SHELDON DR.  
Address       5043 FISHER ISLAND DR.  
City-State-Zip: FISHER ISLAND FL 33109

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: COREY LEIBEL**

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date