

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000003869

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

**FILED**  
**Feb 08, 2024**  
**Secretary of State**  
**7193961748CC**

**Current Principal Place of Business:**

40306 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

**Current Mailing Address:**

40306 FISHER ISLAND DR.  
FISHER ISLAND, FL 33109 US

**FEI Number:** 65-0605833

**Certificate of Status Desired:** No

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

ASSOCIATION LAW GROUP, P.L.  
511 SE 5TH AVE  
UNIT R010  
FORT LAUDERDALE, FL 33301 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:** JENNIFER L. JAMES

02/08/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name BRAUNSTEIN, HARRY  
Address 5053 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 SECRETARY  
Name CHERRY, SHELDON DR.  
Address 5043 FISHER ISLAND DR.  
City-State-Zip: FISHER ISLAND FL 33109

Title VP  
Name ZAPATA, JOSE LUIS  
Address 5011 FISHER ISLAND DRIVE  
City-State-Zip: FISHER ISLAND FL 33109

Title TREASURER  
Name PONS, CLAUDIA  
Address 5051 FISHER ISLAND DRIVE  
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**

02/08/2024

Electronic Signature of Signing Officer/Director Detail

Date