

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90015 048 \*\*\*\*61.25

**DOCUMENT # N01000003869**  
 1. Entity Name  
 5000 BAYVIEW AT FISHER ISLAND CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business ONE FISHER ISLAND DR. FISHER ISLAND, FL 33109	Mailing Address ONE FISHER ISLAND DR. FISHER ISLAND, FL 33109
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**54022203**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0605833	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 POLIAKOFF, GARY  
 BECKER & POLIAKOFF  
 311 STIRLING RD  
 FORT LAUDERDALE, FL 33312

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BABSON, MARTA ONE FISHER ISLAND DR. FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FANO, TONY ONE FISHER ISLAND DR. FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEBER, FRED ONE FISHER ISLAND DR. FISHER ISLAND, FL 33109
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *A. Fano, President* **3/10/04** **305-532-8889**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #