

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

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



01052007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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 _____

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

(NOTE: Registered Agent signature required when re-stating)

DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

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	TD MITCHEL, BETTY 5044 FISHER ISLAND DR FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD BABSON, MARTA 5051 FISHER ISLAND DR FISHER ISLAND, FL 33109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSTROW, IRA 5024 FISHER ISLAND DR FISHER ISLAND, FL 33109
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 02/19/07-80001-011 61.25

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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 file 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 my address, with all other like empowered.

SIGNATURE _____

Ira Ostrow
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-26-07

Date

Daytime Phone # _____