## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000003869

FILED Jul 10, 2008 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

6 FISHER ISLAND DR. FISHER ISLAND, FL 33109

Current Mailing Address: New Mailing Address:

6 FISHER ISLAND DR. FISHER ISLAND, FL 33109

FEI Number: 65-0605833 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SKRLD, INC. 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: NICHOLAS SIEGFRIED 07/10/2008

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:PD () DeleteTitle:SD (X) Change () AdditionName:MITCHEL, BETTYName:MITCHEL, BETTYAddress:5044 FISHER ISLAND DRAddress:5044 FISHER ISLAND DR

Address: 5044 FISHER ISLAND DR Address: 5044 FISHER ISLAND DR
City-St-Zip: FISHER ISLAND, FL 33109 City-St-Zip: FISHER ISLAND, FL 33109

Title: VPSD ( ) Delete Title: VP (X) Change ( ) Addition Name: BABSON, MARTA Name: PERRY, POPKIN

Address: 5051 FISHER ISLAND DR Address: 5033 FISHER ISLAND DR
City-St-Zip: FISHER ISLAND, FL 33109 City-St-Zip: FISHER ISLAND, FL 33109

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 OSTROW, IRA
 Name:
 FRED, WEBER

 Address:
 5024 FISHER ISLAND DR
 Address:
 5043 FISHER ISLAND DR

 City-St-Zip:
 FISHER ISLAND, FL 33109
 City-St-Zip:
 FISHER ISLAND, FL 33109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSHUA TOMEY CAM 07/10/2008