

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2005  
Secretary of State**

DOCUMENT# N04000010113

Entity Name: 5100 BAYVIEW AT FISHER ISLAND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

ONE FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

**New Principal Place of Business:**

**Current Mailing Address:**

ONE FISHER ISLAND DR.  
FISHER ISLAND, FL 33109

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

MCLEAN, DANIEL E.  
ONE FISHER ISLAND DR.  
FISHER ISLAND, FL 33109      US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD                      ( ) Delete  
Name: POSEY, MICHAEL I  
Address: ONE FISHER ISLAND DR.  
City-St-Zip: FISHER ISLAND, FL 33109

Title: VTD                      ( ) Delete  
Name: SWAIL, RYAN  
Address: ONE FISHER ISLAND DR.  
City-St-Zip: FISHER ISLAND, FL 33109

Title: SD                      ( ) Delete  
Name: DOMINGUEZ, JORGE  
Address: ONE FISHER ISLAND DR.  
City-St-Zip: FISHER ISLAND, FL 33109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RYAN SWAIL

Electronic Signature of Signing Officer or Director

OFFI

04/27/2005

\_\_\_\_\_ Date