

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700165 (4)
1. Corporation Name
BIRD KEY IMPROVEMENT ASSOCIATION INC



Principal Place of Business Mailing Address
100 BIRD KEY DRIVE SARASOTA FL 34236

3. Date Incorporated or Qualified: 11/18/1959
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0952687
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**HILL, GUY H.
100 BIRD KEY DR
SARASOTA FL 34236**

10. Name and Address of New Registered Agent
81 Name: **S. SANFORD SCHLITT**
82 Street Address (P.O. Box Number is Not Acceptable): **100 BIRD KEY DRIVE**
83
84 City: **SARASOTA** FL 85 Zip Code: **34236**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *[Signature]* X 4/28/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: TD	NAME: WENZEL, ROBERT STREET ADDRESS: 100 BIRD KEY DR. CITY-ST-ZIP: SARASOTA FL 34236	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: TD CLARE KILAR 1.2 NAME: CLARE KILAR 1.3 STREET ADDRESS: 100 BIRD KEY DRIVE 1.4 CITY-ST-ZIP: SARASOTA FL 34236
TITLE: VD	NAME: CARUSONA, FRED STREET ADDRESS: 100 BIRD KEY DRIVE CITY-ST-ZIP: SARASOTA FL 34236	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: VD 2.2 NAME: GERALDINE LUDWIG 2.3 STREET ADDRESS: 100 BIRD KEY DRIVE 2.4 CITY-ST-ZIP: SARASOTA FL 34236
TITLE: PD	NAME: HILL, GUY STREET ADDRESS: 100 BIRD KEY DRIVE CITY-ST-ZIP: SARASOTA FL 34236	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: PD 3.2 NAME: S. SANFORD SCHLITT 3.3 STREET ADDRESS: 100 BIRD KEY DRIVE 3.4 CITY-ST-ZIP: SARASOTA FL 34236
TITLE: SD	NAME: ZAVELLE, ALEXANDER STREET ADDRESS: 100 BIRD KEY DRIVE CITY-ST-ZIP: SARASOTA FL 34236	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: SD 4.2 NAME: CLARE KILAR 4.3 STREET ADDRESS: 100 BIRD KEY DRIVE 4.4 CITY-ST-ZIP: SARASOTA FL 34236
TITLE:	NAME:	<input type="checkbox"/> DELETE	5.1 TITLE:
TITLE:	NAME:	<input type="checkbox"/> DELETE	6.1 TITLE:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *[Signature]* X 4/28/96 366 0848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)