

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 # N39443 (9)

1. Corporation Name

THE FAIRWAYS AT BIRD BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

606 BIRD BAY DR S
VENICE FL 34292
US

606 BIRD BAY DR S
VENICE FL 34292
US

3. Date Incorporated or Qualified **08/09/1990** 3a. Date of Last Report **08/15/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0312569		Applied For Not Applicable	
21		26					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip	Country	Zip	Country				
24		29					
	25		30				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARGUS PROPERTY MGMT., INC.
C/O BIRD BAY CONDOMINIUM
606 BIRD BAY DRIVE SOUTH
VENICE FL 34292**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	FL 85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, NEAL	1.2 NAME	Herter, Nancy
STREET ADDRESS	800 BIRD BAY DR W #103	1.3 STREET ADDRESS	800 Bird Bay Dr. W #206
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	Venice, FL 34292
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERTER, NANCY	2.2 NAME	Olive, Gene
STREET ADDRESS	880 BIRD BAY DR W 206	2.3 STREET ADDRESS	840 Bird Bay Dr. W. #203
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	Venice, FL 34292
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPBELL, STEVE	3.2 NAME	
STREET ADDRESS	840 BIRD BAY DR W 103	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Fackner, Anne
STREET ADDRESS		4.3 STREET ADDRESS	800 Bird Bay Dr. W #106
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Venice, FL 34292
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Gerity, Veronica
STREET ADDRESS		5.3 STREET ADDRESS	840 Bird Bay Dr. W #204
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Venice, FL 34292
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Nancy Lee Herter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96
Date

Daytime Phone #

CR2E037 (12/95)