

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: **606 BIRD BAY DR S VENICE FL 34292 US**
Mailing Address: **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**
4. FEI Number: **65-0312569**
Applied For: Not Applicable
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: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 28 Country: 29

9. Name and Address of Current Registered Agent
**ARGUS PROPERTY MGMT., INC.
C/O BIRD BAY CONDOMINIUM
606 BIRD BAY DRIVE SOUTH
VENICE FL 34292**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NEAL, NEAL	
STREET ADDRESS	800 BIRD BAY DR W #103	
CITY-ST-ZIP	VENICE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HERTER, NANCY	
STREET ADDRESS	880 BIRD BAY DR W 206	
CITY-ST-ZIP	VENICE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	CAMPBELL, STEVE	
STREET ADDRESS	840 BIRD BAY DR W 103	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Herter, Nancy	
1.3 STREET ADDRESS	800 Bird Bay Dr. W #206	
1.4 CITY-ST-ZIP	Venice, FL 34292	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Olive, Gene	
2.3 STREET ADDRESS	840 Bird Bay Dr. W. #203	
2.4 CITY-ST-ZIP	Venice, FL 34292	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Fackner, Anne	
4.3 STREET ADDRESS	800 Bird Bay Dr. W #106	
4.4 CITY-ST-ZIP	Venice, FL 34292	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gerity, Veronica	
5.3 STREET ADDRESS	840 Bird Bay Dr. W #204	
5.4 CITY-ST-ZIP	Venice, FL 34292	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 Date: 3/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)