

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 34292-1282  
US

3. Date Incorporated or Qualified: 08/09/1990  
3a. Date of Last Report: 03/07/1996  
4. FET 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 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24 25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29 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: ADVANCED MANAGEMENT INC.  
82 Street Address (P.O. Box Number is Not Acceptable): 40 BIRD BAY Fairways Condominium  
83 606 Bird Bay Dr. S.  
84 City: VENICE FL 85 Zip Code: 34292

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: C. Michael Mortham  
Signature typed or printed name of registered agent is not applicable.

2-18-97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HERTER, NANCY	
STREET ADDRESS	800 BIRD BAY DR, W #206	
CITY-ST-ZIP	VENICE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	OLIVE, GENE	
STREET ADDRESS	840 BIRD BAY DR, W #203	
CITY-ST-ZIP	VENICE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	CAMPBELL, STEVE	
STREET ADDRESS	840 BIRD BAY DR W 103	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FACKNER, ANNE	
STREET ADDRESS	800 BIRD BAY DR, W #106	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GERITY, VERONICA	
STREET ADDRESS	840 BIRD BAY DR, W #204	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Lois JAKOVICH	
1.3 STREET ADDRESS	606 BIRD BAY DR. S	
1.4 CITY-ST-ZIP	VENICE FL	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	AL DE ROBERTIS	
2.3 STREET ADDRESS	606 BIRD BAY DR. S	
2.4 CITY-ST-ZIP	VENICE, FL	
3.1 TITLE	TS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FRANK POOLE	
3.3 STREET ADDRESS	606 BIRD BAY DR. S	
3.4 CITY-ST-ZIP	VENICE, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PETE O'NEILL	
5.3 STREET ADDRESS	606 BIRD BAY DR. S.	
5.4 CITY-ST-ZIP	VENICE FL	
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 does not qualify for the exemption stated in Section 119.07(3)(c), 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: C. Michael Mortham

CR2E037 (9/96)