


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90208 006 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N39443**  
 1. Corporation Name  
**THE FAIRWAYS AT BIRD BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.**

404745 - 90208 - 6

Principal Place of Business 606 BIRD BAY DR S VENICE FL 34292 US	Mailing Address 606 BIRD BAY DR S VENICE FL 34292 US
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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	3. Date Incorporated or Qualified 08/09/1990	4. FEI Number 65-0312569	Applied For Not-Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent  
**ADVANCED MANAGEMENT INC.  
 C/O FAIRWAYS CONDOMINIUM  
 606 BIRD BAY DR. S.  
 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 *C. Michael Martinello* **C. Michael Martinello** **1-5-99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JAKOVICH, LOIS	
STREET ADDRESS	606 BIRD BAY DR. S.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DEROBERTIS, AL	
STREET ADDRESS	606 BIRD BAY DR. S.	
CITY-ST-ZIP	VENICE FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	POOLE, FRANK	
STREET ADDRESS	606 BIRD BAY DR. S.	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAUN, FRANK	
STREET ADDRESS	606 BRID BAY DRIVE SOUTH	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'NEIL, PETE	
STREET ADDRESS	606 BIRD BAY DR.S.	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<i>Bethy Murray</i>
5.3 STREET ADDRESS	<i>606 BIRD BAY DR. S.</i>
5.4 CITY-ST-ZIP	<i>VENICE FL.</i>
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Lois Jakovich* **SIGNATURE REQUIRED** **04-13-99 (941) 493-0287**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #