

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90116 038 ****61.25

DOCUMENT # N39443

1. Entity Name

THE FAIRWAYS AT BIRD BAY VILLAGE CONDOMINIUM ASS



DO NOT WRITE IN THIS SPACE

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
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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4. FEI Number 65-0312569	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ADVANCED MANAGEMENT INC.
 C/O FAIRWAYS CONDOMINIUM
 606 BIRD BAY DR. S.
 VENICE FL 34292**

7. Name and Address of New Registered Agent

Name: *Sun Vast Management & Service, Inc.*
 Street Address (P.O. Box Number is Not Acceptable):
606 Bird Bay Dr. South
 City: *Venice* FL Zip Code: *34292*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Nancy Paris, Manager* *Nancy Paris, Manager* 4-25-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE: P NAME: JAKOVICH, LOIS STREET ADDRESS: 606 BIRD BAY DR. S. CITY-ST-ZIP: VENICE FL 34292	<input checked="" type="checkbox"/> Delete
TITLE: VP NAME: DEROBERTIS, AL STREET ADDRESS: 606 BIRD BAY DR. S. CITY-ST-ZIP: VENICE FL	<input type="checkbox"/> Delete
TITLE: TS NAME: POOLE, FRANK STREET ADDRESS: 606 BIRD BAY DR. S. CITY-ST-ZIP: VENICE FL	<input type="checkbox"/> Delete
TITLE: D NAME: BRAUN, FRANK STREET ADDRESS: 606 BRID BAY DRIVE SOUTH CITY-ST-ZIP: VENICE FL 34292	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: MURRAY, BETTY STREET ADDRESS: 606 BIRD BAY DR. S. CITY-ST-ZIP: VENICE FL	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TSD NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: <i>Olive, Gene</i> STREET ADDRESS: <i>606 Bird Bay Dr. So.</i> CITY-ST-ZIP: <i>Venice, FL 34292</i>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: PD NAME: <i>Murray Betty</i> STREET ADDRESS: <i>606 Bird Bay Dr. So</i> CITY-ST-ZIP: <i>Venice, FL 34292</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **941-485-6662**