

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

007562

DOCUMENT # N39443

1. Entity Name

THE FAIRWAYS AT BIRD BAY VILLAGE CONDOMINIUM ASS

04-12-2001 90165 034 ****61.25

Principal Place of Business

Mailing Address

606 BIRD BAY DR S
 VENICE FL 34292
 US

606 BIRD BAY DR S
 VENICE FL 34292
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0312569

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUN VAST MGMT SERVICE, INC
606 BIRD BAY DR. S.
VENICE FL 34292

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VP** Delete
 NAME: **DEROBERTIS, AL**
 STREET ADDRESS: **606 BIRD BAY DR. S.**
 CITY-ST-ZIP: **VENICE FL**

TITLE: **PD** Change Addition
 NAME: **MARTHA PETERS**
 STREET ADDRESS: **606 BIRD BAY DR S**
 CITY-ST-ZIP: **VENICE, FL 34292**

TITLE: **TSD** Delete
 NAME: **POOLE, FRANK**
 STREET ADDRESS: **606 BIRD BAY DR. S.**
 CITY-ST-ZIP: **VENICE FL**

TITLE: **D** Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **OLIVE, GENE**
 STREET ADDRESS: **606 BRID BAY DRIVE SOUTH**
 CITY-ST-ZIP: **VENICE FL 34292**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **PD** Delete
 NAME: **MURRAY, BETTY**
 STREET ADDRESS: **606 BIRD BAY DR. S.**
 CITY-ST-ZIP: **VENICE FL 34292**

TITLE: **D** Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Change Addition
 NAME: **IKE PAGE**
 STREET ADDRESS: **606 BIRD BAY DR S**
 CITY-ST-ZIP: **VENICE FL 34292**

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)