


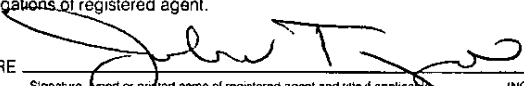
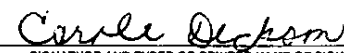
**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90401 020 \*\*\*\*61.25

19010



<b>DOCUMENT # N39443</b>			
1. Entity Name <b>THE FAIRWAYS AT BIRD BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>380 INTERSTATE CT 203 SARASOTA, FL 34240 US</b>		Mailing Address <b>380 INTERSTATE CT 203 SARASOTA, FL 34240 US</b>	
2. Principal Place of Business <b>381 Interstate Blvd</b>		3. Mailing Address <b>381 Interstate Blvd</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Sarasota FL</b>		City & State <b>Sarasota FL</b>	
Zip <b>34240</b>		Zip <b>34240</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0312569</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SUN VAST MGMT SERVICE, INC 380 INTERSTATE CT STE 203 SARASOTA, FL 34240</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>381 Interstate Blvd</b> City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE	
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAKOVICH, LOIS 800 BIRD BAY W #103 VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COOK, WEB 840 BIRD BAY DR W #103 VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DICKSON, CAROLE 800 BIRD BAY DR. W #201 VENICE, FL 34285 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'NIEL, SHELDON 880 BIRD BAY DR W #101 VENICE, FL 34292 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNIS WAUW 840 BIRD BAY DR. W. #202 VENICE, FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEYER, DICK 840 BIRD BAY DR W #105 VENICE, FL 34285 <input type="checkbox"/> Delete	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"/> Delete	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: 		Date: <b>April 29, 2005</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	