

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90410 021 ****61.25

DOCUMENT # N39443

1. Entity Name
THE FAIRWAYS AT BIRD BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**381 INTERSTATE BLVD
 SARASOTA, FL 34240 US**

Mailing Address
**381 INTERSTATE BLVD
 SARASOTA, FL 34240 US**

50008580



2. Principal Place of Business

3. Mailing Address

03202006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
65-0312569

Applied For
 Not Applicable

City & State

City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SUN VAST MGMT SERVICE, INC
 381 INTERSTATE BLVD
 SARASOTA, FL 34240**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Lori J. Niles

Lori J. Niles

3/24/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
 Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **JAKOVICH, LOIS**
 STREET ADDRESS **800 BIRD BAY W #103**
 CITY-ST-ZIP **VENICE, FL 34292**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** Delete
 NAME **COOK, WEB**
 STREET ADDRESS **840 BIRD BAY DR W #103**
 CITY-ST-ZIP **VENICE, FL 34292**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **DICKSON, CAROLE**
 STREET ADDRESS **800 BIRD BAY DR. W #201**
 CITY-ST-ZIP **VENICE, FL 34285**

TITLE **D** Change Addition
 NAME **Norman D Cleaves**
 STREET ADDRESS **880 Bird Bay Dr. W. # 101**
 CITY-ST-ZIP **Venice, FL 34285**

TITLE **D** Delete
 NAME **WALLIN, DENNIS**
 STREET ADDRESS **840 BIRD BAY DRIVE WEST, #202**
 CITY-ST-ZIP **VENICE, FL 34285**

TITLE **T** Change Addition
 NAME **Armin Sommer**
 STREET ADDRESS **880 Bird Bay Dr. W. #201**
 CITY-ST-ZIP **Venice, FL 34285**

TITLE **D** Delete
 NAME **MEYER, DICK**
 STREET ADDRESS **840 BIRD BAY DR W #105**
 CITY-ST-ZIP **VENICE, FL 34285**

TITLE **VP** Change Addition
 NAME **Meyer Dick**
 STREET ADDRESS **840 Bird Bay Dr. W. #105**
 CITY-ST-ZIP **Venice, FL 34285**

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 exemptions contained in Chapter 119, 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:

Lois M Jakovich

03-28-06

488-1554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #