

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 17, 2009
Secretary of State**

DOCUMENT# N39443

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

Current Principal Place of Business:

381 INTERSTATE BLVD
SARASOTA, FL 34240 US

New Principal Place of Business:

Current Mailing Address:

381 INTERSTATE BLVD
SARASOTA, FL 34240 US

New Mailing Address:

FEI Number: 65-0312569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: MURRAY, ELIZABETH
Address: 840 BIRD BAY DR W #104
City-St-Zip: VENICE, FL 34292

Title: S () Delete
Name: DAVIS, BARBARA
Address: 880 BIRD BAY DR W #205
City-St-Zip: VENICE, FL 34292

Title: P () Delete
Name: CLEAVES, NORMAN
Address: 880 BIRD BAY DR WEST #101
City-St-Zip: VENICE, FL 34285

Title: T () Delete
Name: SOMMER, ARMIN
Address: 880 3RD BAY DR WEST #201
City-St-Zip: VENICE, FL 34285

Title: VP () Delete
Name: MEYER, DICK
Address: 840 BIRD BAY DR W #105
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MCCULLY, BILL
Address: 840 BIRD BAY DR W #201
City-St-Zip: VENICE, FL 34292

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SOMMER, ARMIN
Address: 880 3RD BAY DR WEST #201
City-St-Zip: VENICE, FL 34285

Title: T (X) Change () Addition
Name: MEYER, DICK
Address: 840 BIRD BAY DR W #105
City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NORMAN CLEAVES

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date