2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39443

FILED Feb 17, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

381 INTERSTATE BLVD SARASOTA, FL 34240 US

Current Mailing Address: New Mailing Address:

381 INTERSTATE BLVD SARASOTA, FL 34240 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

MURRAY, ELIZABETH MCCULLY, BILL Name: Name:

840 BIRD BAY DR W #104 Address: 840 BIRD BAY DR W #201 Address: City-St-Zip: VENICE, FL 34292 City-St-Zip: VENICE, FL 34292

Title: () Delete Title: () Change () Addition

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

Title: () Delete Title: () Change () Addition

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

(X) Change () Addition Title: () Delete Title:

Name: SOMMER, ARMIN Name: SOMMER, ARMIN

880 3RD BAY DR WEST #201 880 3RD BAY DR WEST #201 Address: Address:

City-St-Zip: VENICE, FL 34285 City-St-Zip: VENICE, FL 34285

Title: () Delete Title: (X) Change () Addition

MEYER, DICK MEYER, DICK Name: Name:

840 BIRD BAY DR W #105 840 BIRD BAY DR W #105 Address: Address: City-St-Zip: VENICE, FL 34285 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 Ρ 02/17/2009