FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 04, 1999 8:00 am § Secretary of State

05-04-1999 90191 005 ****61.25

DOCUMENT # N50439

1. Corporation Nam

WATERSIDE AT BIRD BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
606 BIRD BAY DR S VENICE FL 34292
IIS

Mailing Address

606 BIRD BAY DR S VENICE FL 34292 US

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─ '	lace of Business		2a. Mailing Address			3.	08/19/19	orated or Qualifed	I			
21			Suite, Apt. #, etc.			4	FEI Number		·		Applied For	
Suite, Apt. #, etc.			27				65-03885			├	Not Applicable	
City & State			City & State								Additional	
23			28			5	5. Certifcate of Status Desired				Required	
Zip	Country		Zip Country			6	6. Election Campaign Financing				\$5.00 May Be	
24	25	29	30	30			Trust Fund (Contribution		Adde	d to Fees	
9. Name and Address of Current Registered Agent						10). Name and	Address of New	Registered	Agent		
				81	Name)						
MARTINE	LO. MICHAEL			82	Street	Address (P.O. Box Num	ber is Not Accept	table)			
	D MANAGEMENT INC.								· · · ·			
	BAY DR S			83								
VENICE F				84	City					85 Zi	p Code	
[*] =",									FL	•		
11. Pursuant	to the provisions of Sections 617.0502	and 617.	1508, Florida Statutes,	the above	-named	d corporation	on submits this	statement for the	purpose of	changing	its registered	
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida. ons_of_Se	Such change was auth action 617.0503, Florida	onzed by Statutes	uie corpi	oration s b	Doard of direct	DIS. I Hereby acce	spi tile appoi	illinein as	registered	
SIGNATURE	- Mill. Ma) ښکو	ا.ے ((ا		_ A∈€		arrine =		1-5-	-99		
	Signature, typed or printed name of registered agent			gistered Ager		required when	reinstating)		DATE			
12.	OFFICERS AND	DIRECT		13.		-	ADDITIONS/	CHANGES TO OF	FFICERS AN			
TITLE	VP		☐ DELETE	1.1 TITLE						Chang	e	
NAME	CODDINGTON, JANE											
STREET ADDRESS	821 WATERSIDE DR., #102			1.3 STREET	FADDRESS	3						
CITY-ST-ZIP					T-ZIP							
TITLE	P		☐ DELETE	2.1 TITLE						Chang	e	
NAME	SERPE, EUGENE			2.2 NAME								
STREET ADDRESS	841 WATERSIDE DR., #102			2.3 STREE	ADDRESS	3						
CITY-ST-ZIP	VENICE FL		· · · · · · · · · · · · · · · · · · ·	2. 4 CITY-5	T-ZIP						C1 . (49)	
TITLE	DT		☐ DELETE	3.1 TITLE						☐ Chang	e 🗌 Addition	
NAME	MITCHELL, STEPHEN 32N											
STREET ADDRESS 811 WATERSIDE DR #102				3.3 STREET	FADDRESS	3						
CITY-ST-ZIP	VENICE FL			3.4. CITY-5	IT-ZIP	1		. ,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			End a data:	
TITLE	D		☐ DELETE	4.1 TITLE						Chang	e 🗀 Addition	
NAME	CARR, JAMES			4, 2 NAME								
STREET ADDRESS 801 WATERSIDE DRIVE #104 4.3 ST					ADDRESS	3						
CITY-ST-ZIP	VENICE FL 34292			4.4 CITY-S	T-ZIP	_						
TITLE	D		DELETE	5.1 TITLE		P	·	<= s.i=	<u></u>	Chang	e 🛂 Addition	
NAME	SENTIFE, SALLY			5.2 NAME			~~ ~ ~	SEAT Dr.	ัร์.			
STREET ADDRESS	811,WATERSIDE				TADORESS	- J		-	<u> </u>			
CITY-ST-ZIP	VENICE FL			5.4 CITY-S	T-ZIP	\ \eq	inice-	<u> </u>	····			
TITLE	S		☐ DELETE	6.1 TITLE		1				☐ Chang	e	
NAME	WAGMAN, JAN			6.2 NAME								
STREET ADDRESS 831 WATERSIDE DR., #106				6.3 STREE	FADDRESS	S						
C/TY-ST-ZIP	VENICE FL			6.4 CITY-S	T-ZIP							

VENICE FL
 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: /

ATURE AND TYPEDOR PRINTED NAME OF GIGNING OFFICER OR DIRECTOR

4-29-9

941-493-0287

R2E037 (11/98)