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May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000001093 (4)

1. Corporation Name

BIRD BAY NORTH RECREATION ASSOCIATION, INC.



Principal Place of Business

Mailing Address

606 BIRD BAY DR S.  
VENICE FL 34292  
US

606 BIRD BAY DR. S.  
VENICE FL 34292-1292  
US

3. Date Incorporated or Qualified  
03/03/1993

3a. Date of Last Report  
07/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number  
65-0388536

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINELLO, MICHAEL  
606 BIRD BAY DR S.  
VENICE FL 34292

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME WAGMAN, HY  
STREET ADDRESS 606 BIRD BAY DR. S.  
CITY-ST-ZIP VENICE FL

1.1 TITLE PD  Change  Addition  
1.2 NAME HAROLD COATES  
1.3 STREET ADDRESS 606 BIRD BAY, DRIVE SOUTH  
1.4 CITY-ST-ZIP VENICE FL

TITLE VPD  DELETE  
NAME COATES, HAROLD  
STREET ADDRESS 606 BIRD BAY DR S.  
CITY-ST-ZIP VENICE FL 34292

2.1 TITLE VD  Change  Addition  
2.2 NAME Tony Dechiana  
2.3 STREET ADDRESS 606 BIRD BAY DR S.  
2.4 CITY-ST-ZIP VENICE FL

TITLE TD  DELETE  
NAME ARONE, RON  
STREET ADDRESS 606 BIRD BAY DR S.  
CITY-ST-ZIP VENICE FL 34292

3.1 TITLE TD  Change  Addition  
3.2 NAME EVA MULLER  
3.3 STREET ADDRESS 606 BIRD BAY DR. S.  
3.4 CITY-ST-ZIP VENICE FL

TITLE SD  DELETE  
NAME GARDNER, PHYLLIS  
STREET ADDRESS 606 BIRD BAY DR S.  
CITY-ST-ZIP VENICE FL 34292

4.1 TITLE SD  Change  Addition  
4.2 NAME Ron Arone  
4.3 STREET ADDRESS 606 BIRD BAY DR. S.  
4.4 CITY-ST-ZIP VENICE FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE D  Change  Addition  
5.2 NAME GRACE KILCOYNE  
5.3 STREET ADDRESS 606 BIRD BAY DR S.  
5.4 CITY-ST-ZIP VENICE FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *[Signature]* REQUIRED April 8/1997

485-2663

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064639

CR2E037 (9/96)