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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000001093

1. Corporation Name

BIRD BAY NORTH RECREATION ASSOCIATION, INC.

Principal Place of Business

606 BIRD BAY DR S.
VENICE FL 34292
US

Mailing Address

606 BIRD BAY DR. S.
VENICE FL 34292
US



2. Principal Place of Business

2a. Mailing Address

3. Date incorporated or Qualified

21

26

03/03/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

65-0388536

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

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

C. Michael Martinello
(NOTE: Registered Agent signature required when reinstating)

1-5-98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE

NAME DS
KILCOYNE, GRACE
STREET ADDRESS 821 WATERSIDE DRIVE 202
CITY-ST-ZIP VENICE FL 34292

1.1 TITLE Change Addition

TITLE DELETE

NAME TD
MULLER, EVA
STREET ADDRESS 831 WATERSIDE DRIVE 102
CITY-ST-ZIP VENICE FL 34292

2.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.2 NAME T
EVERLYN CERNY

2.3 STREET ADDRESS 606 BIRD BAY DR S.

2.4 CITY-ST-ZIP VENICE FL.

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE PD

3.2 NAME JAMES WAGMAN

3.3 STREET ADDRESS 606 BIRD BAY DR S.

3.4 CITY-ST-ZIP VENICE FL.

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Gravette K. ...
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-99

941-493-0287
Date Daytime Phone #

CR2E037 (11/98)