2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Jun 21, 2004 8:00 am **DOCUMENT # 700165 Secretary of State** 1. Entity Name 06-21-2004 90003 031 ****61.25 BIRD KEY IMPROVEMENT ASSOCIATION INC Principal Place of Business Mailing Address ARGUS PROP MGMT 2477 STICKNEY PT RD SARASOTA FL 34231 100 BIRD KEY DRIVE SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-0952687 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARGUS PROPERTY MGMT Street Address (P.O. Box Number is Not Acceptable) 2477 STICKNEY PT RD 118A SARASOTA FL 34231 Zip Code 8. The above named entify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Change Addition TITLE 7 Delete ELDEN, GERAL NAME NAME 100 BIRD KEY DR STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP TITLE Addition PALMERMO, LORI NAME NAME 100 BIRD KEY DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE ■ Addition MASON, DONALD NAME NAME 100 BIRD KEY DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE - Change ☐ Addition DITLE PALERMO, LORI NAME NAME 100 BIRD KEY DR STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachmen with an address, with all other like empowered.

SIGNATURE

ori Palermo 6/15/04

FILED