

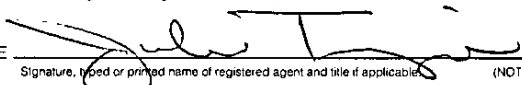
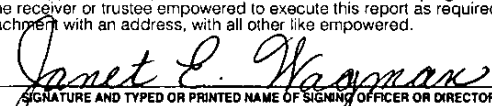


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90496 003 ****61.25

DOCUMENT # N50439 1. Entity Name WATERSIDE AT BIRD BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 380 INTERSTATE CT. 203 SARASOTA, FL 34240 US			Mailing Address 380 INTERSTATE CT. 203 SARASOTA, FL 34240 US		
2. Principal Place of Business 381 Interstate Blvd Suite, Apt. #, etc.		3. Mailing Address 381 Interstate Blvd Suite, Apt. #, etc.		20053748 	
City & State Sarasota FL Zip 34240		City & State Sarasota FL Zip 34240		4. FEI Number 65-0388535 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04282005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent SUNVAST MANAGEMENT SERVICES, INC. 380 INTERSTATE CT., STE 203 SARASOTA, FL 34240				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 381 Interstate Blvd City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	VPD	<input type="checkbox"/> Delete			
NAME	CODDINGTON, JANE				
STREET ADDRESS	821 WATERSIDE DR., #102				
CITY-ST-ZIP	VENICE, FL				
TITLE	SD	<input type="checkbox"/> Delete			
NAME	GARD, MILLIE				
STREET ADDRESS	606 BIRD BAY DR. S				
CITY-ST-ZIP	VENICE, FL 34292				
TITLE	TD	<input type="checkbox"/> Delete			
NAME	SENTIFF, EUGENE				
STREET ADDRESS	606 BIRD BAY DR S				
CITY-ST-ZIP	VENICE, FL				
TITLE	PD	<input type="checkbox"/> Delete			
NAME	WAGMAN, JAN				
STREET ADDRESS	831 WATERSIDE DR., #106				
CITY-ST-ZIP	VENICE, FL				
TITLE	D	<input type="checkbox"/> Delete			
NAME	EHRHARDT, FRANK				
STREET ADDRESS	606 BIRD BAY DR. S				
CITY-ST-ZIP	VENICE, FL 34292				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
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 attachment with an address, with all other like empowered.					
SIGNATURE:  4/28/05 941-484-0859 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					