

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700165

**Entity Name:** BIRD KEY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**100 BIRD KEY DRIVE  
SARASOTA, FL 34236**Current Mailing Address:**100 BIRD KEY DRIVE  
SARASOTA, FL 34236**FEI Number:** 59-0952687**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAURIE, JOHN  
100 BIRD KEY DRIVE  
SARASOTA, FL 34236 US*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.***SIGNATURE:** JOHN LAURIE

03/19/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LAURIE, JOHN  
Address        100 BIRD KEY DRIVE  
City-State-Zip: SARASOTA FL 34236

Title            SECRETARY  
Name            POELKE, DAVID  
Address        100 BIRD KEY DRIVE  
City-State-Zip: SARASOTA FL 34236

Title            VP  
Name            SHANTZ, CHRISTINA  
Address        100 BIRD KEY DRIVE  
City-State-Zip: SARASOTA FL 34236

Title            DIRECTOR  
Name            VORSELEN, CRAIG  
Address        100 BIRD KEY DRIVE  
City-State-Zip: SARASOTA FL 34236

Title            DIRECTOR  
Name            RENICE, PHIL  
Address        100 BIRD KEY DRIVE  
City-State-Zip: SARASOTA FL 34236

Title            DIRECTOR  
Name            MCNULTY, BILL  
Address        100 BIRD KEY DR  
City-State-Zip: SARASOTA FL 34236

Title            TREASURER  
Name            HAWK, TOM  
Address        100 BIRD KEY DRIVE  
City-State-Zip: SARASOTA FL 34236

Title            DIRECTOR  
Name            RENDANO, VICTOR  
Address        100 BIRD KEY DRIVE  
City-State-Zip: SARASOTA FL 34236

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN LAURIE

RA

03/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	GOCKENBACH, DONALD
Address	100 BIRD KEY DRIVE
City-State-Zip:	SARASOTA FL 34236