

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **700165** (4)
1. Corporation Name
BIRD KEY IMPROVEMENT ASSOCIATION INC



Principal Place of Business Mailing Address
100 BIRD KEY DRIVE SARASOTA FL 34236

3. Date Incorporated or Qualified **11/18/1959** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

4. FEI Number **59-0952687** 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
**HILL, GUY H.
100 BIRD KEY DR
SARASOTA FL 34236**

10. Name and Address of New Registered Agent
81 Name **S. SANFORD SCHLITT**
82 Street Address (P.O. Box Number is Not Acceptable) **100 BIRD KEY DRIVE**
83
84 City **SARASOTA** FL 85 Zip Code **34236**

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 officer 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]* X **4/28/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE TD CLARE KILAR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENZEL, ROBERT	1.2 NAME
STREET ADDRESS	100 BIRD KEY DR.	1.3 STREET ADDRESS 100 BIRD KEY DRIVE
CITY-ST-ZIP	SARASOTA FL 34236	1.4 CITY-ST-ZIP SARASOTA FL 34236
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARUSONA, FRED	2.2 NAME GERALDINE LUDWIG
STREET ADDRESS	100 BIRD KEY DRIVE	2.3 STREET ADDRESS 100 BIRD KEY DRIVE
CITY-ST-ZIP	SARASOTA FL 34236	2.4 CITY-ST-ZIP SARASOTA FL 34236
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, GUY	3.2 NAME S. SANFORD SCHLITT
STREET ADDRESS	100 BIRD KEY DRIVE	3.3 STREET ADDRESS 100 BIRD KEY DRIVE
CITY-ST-ZIP	SARASOTA FL 34236	3.4 CITY-ST-ZIP SARASOTA FL 34236
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZAVELLE, ALEXANDER	4.2 NAME CLARE KILAR
STREET ADDRESS	100 BIRD KEY DRIVE	4.3 STREET ADDRESS 100 BIRD KEY DRIVE
CITY-ST-ZIP	SARASOTA FL 34236	4.4 CITY-ST-ZIP SARASOTA FL 34236
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* **4/28/96** **366 0848**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)