2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 21, 2006 8:00 am Secretary of State **DOCUMENT # 700165** 1. Entity Name 03-21-2006 90008 048 ****61.25 BIRD KEY IMPROVEMENT ASSOCIATION INC Principal Place of Business Mailing Address 100 BIRD KEY DRIVE SARASOTA FL 34236 ARGUS PROP MGMT 2477 STICKNEY PT RD SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State City & State 4. FEI Number 59-0952687 Not Applicable Country \$8.75 Additional Zip Country Zip 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 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 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Duè By May 1, 2006 Trust Fund Contribution Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11. PD THEF ■ Addition TITLE Delete ☐ Change PALMERMO, LORI NAME NAME 100 BIRD KEY DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL 34236 CITY-S1-ZIP CITY-ST-ZIP **VPD** Delete ☐ Addition TITLE TITLE ₽D REIBMAN, RICHARD NAME NAME STREET ADDRESS 100 BIRD KEY DRIVE STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP Change TDAddition TITLE ☐ Delete HHE RECK, ROBERT NAME STREET ADDRESS 100 BIRD KEY DR STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete RUGGIERO, STEPHEN NAME NAME STREET ADDRESS 100 BIRD KEY DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP ☐ Delete TITLE Change Addition XX TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Addition Change Delete FIFLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Forida 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 attack then with an address, with alkother like empowered.

SIGNATURE

FILED