2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# 700165

Entity Name: BIRD KEY IMPROVEMENT ASSOCIATION INC

Current Principal Place of Business:

100 BIRD KEY DRIVE
SARASOTA, FL 34236

New Principal Place of Business:

Current Mailing Address:

ARGUS PROP MGMT
2477 STICKNEY PT RD
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 59-0952687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARGUS PROPERTY MGMT
2477 STICKNEY PT RD 118A
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	LAURIE, JOHN C	
Address:	100 BIRD KEY DRIVE	
City-St-Zip:	SARASOTA, FL 34236	
Title:	PD	( ) Delete
Name:	LUDWIG, GERALDINE	
Address:	100 BIRD KEY DRIVE	
City-St-Zip:	SARASOTA, FL 34236	
Title:	D	( ) Delete
Name:	GOLDWASSER, MICHAEL	
Address:	100 BIRD KEY DRIVE	
City-St-Zip:	SARASOTA, FL 34236	
Title:	TSD	( ) Delete
Name:	SCHWEITZER, RANDALL	
Address:	100 BIRD KEY DRIVE	
City-St-Zip:	SARASOTA, FL 34236	
Title:	D	( ) Delete
Name:	ACKERSTEIN, HAL	
Address:	100 BIRD KEY DR	
City-St-Zip:	SARASOTA, FL 34236	
Title:	D	( ) Delete
Name:	WILKERSON, PATRICIA	
Address:	100 BIRD KEY DRIVE	
City-St-Zip:	SARASOTA, FL 31236	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TSD	(X) Change ( ) Addition
Name:	COSTA, LOUIS	
Address:	100 BIRD KEY DRIVE	
City-St-Zip:	SARASOTA, FL 34236	
Title:	D	(X) Change ( ) Addition
Name:	FORREST, ABBIE	
Address:	100 BIRD KEY DR	
City-St-Zip:	SARASOTA, FL 34236	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LORI J. NILES CAM 03/17/2009

Electronic Signature of Signing Officer or Director — Date