

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 15 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **727870** (8)
1. Corporation Name
BIRD BAY LEISURE, INC.

Principal Place of Business Mailing Address
**612 BIRD BAY DRIVE, S.
VENICE FL 34292**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/28/1973	3a. Date of Last Report 04/20/1994
4. FEI Number 59-1547594	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent
~~RENSWICK, BERTHA M.~~
**612 BIRD BAY DRIVE S
VENICE FL 34292**

10. Name and Address of New Registered Agent
81 Name **Deibel, David L.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **612 Bird Bay Drive South**
84 City **Venice, FL** 85 Zip Code **34292**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office 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 607.0505, Florida Statutes.

SIGNATURE *David L. Deibel* **David L. Deibel, PD** 3/9/95
Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	ZAHN, ARTHUR 612 BIRD BAY DR. SOUTH VENICE FL
TITLE VD	RENSWICK, BERTHA M. 612 BIRD BAY DR. SOUTH VENICE FL
TITLE TD	SNOW, BARBARA 612 BIRD BAY DR. SOUTH VENICE FL
TITLE SD	RICHARD MILLER 612 BIRD BAY DR. SOUTH VENICE FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Deibel, David L.	
1.3 STREET ADDRESS 612 Bird Bay Drive South	
1.4 CITY-ST-ZIP Venice, FL 34292	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Sherwood, Frank M.	
2.3 STREET ADDRESS 612 Bird Bay Drive South	
2.4 CITY-ST-ZIP Venice, FL 34292	
3.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Powell, Edward W.	
3.3 STREET ADDRESS 612 Bird Bay Drive South	
3.4 CITY-ST-ZIP Venice, FL 34292	
4.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Renswick, Bertha M.	
4.3 STREET ADDRESS 612 Bird Bay Drive South	
4.4 CITY-ST-ZIP Venice, FL 34292	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David L. Deibel* **David L. Deibel, PD** 3/9/95 (813) 488-8403
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #