


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90262 032 ****61.25

DOCUMENT # 727870			
1. Entity Name BIRD BAY LEISURE, INC.			
Principal Place of Business 612 BIRD BAY DRIVE, S. VENICE, FL 34292		Mailing Address 612 BIRD BAY DRIVE, S. VENICE, FL 34292	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BAQUERO, MARY 612 BIRD BAY DRIVE S VENICE, FL 34231		7. Name and Address of New Registered Agent Name Marsha Cipponeri Street Address (P.O. Box Number is Not Acceptable) 612 Bird Bay Dr. S. City Venice FL Zip Code 34285	
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 Marsha Cipponeri <small>Signature (Typed or printed name of registered agent and title if applicable.)</small>		Marsha Cipponeri <small>(NOTE: Registered Agent signature required when renouncing)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ISON, DONALD 612 BIRD BAY DR SOUTH VENICE, FL 34292 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JENSEN, ROBERT 612 BIRD BAY DR. SOUTH VENICE, FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jensen, Robert 612 Bird Bay Dr. South Venice, Fl. 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLLOCK, ART 612 BIRD BAY DR. SOUTH VENICE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLASKO, FRANK 612 BIRD BAY DR SOUTH VENICE, FL 34292 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tom Sean 612 Bird Bay Dr S. Venice Fl. 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Pendergast, Lois 612 Bird Bay Dr S. Venice Fl. 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachment with an address, with all other like empowered.			
SIGNATURE: Robert Jensen <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-19-07 <small>Date</small>	
		941-488-8403 <small>Daytime Phone #</small>	

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01042007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-1547594** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required