


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 727870</b> 1. Entity Name BIRD BAY LEISURE, INC.	
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Principal Place of Business 612 BIRD BAY DRIVE, S. VENICE, FL 34292	Mailing Address 612 BIRD BAY DRIVE, S. VENICE, FL 34292
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01112008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1547594	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

CIPPONERI, MARSHA  
612 BIRD BAY DRIVE S  
VENICE, FL 34285

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000823207  
02/20/08-80028-012 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JENSEN, ROBERT 612 BIRD BAY DR. SOUTH VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD POLLOCK, ART 612 BIRD BAY DR. SOUTH VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JEAN, TOM 612 BIRD BAY DR. S VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PENDERGEST, LOIS 612 BIRD BAY DR. S. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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** 2-6-08 941-489-8403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #