

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727870

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: BIRD BAY LEISURE, INC.

## Current Principal Place of Business:

612 BIRD BAY DRIVE, S.  
VENICE, FL 34292

## New Principal Place of Business:

612 BIRD BAY DRIVE, S.  
VENICE, FL 34285

## Current Mailing Address:

612 BIRD BAY DRIVE, S.  
VENICE, FL 34292

## New Mailing Address:

612 BIRD BAY DRIVE, S.  
VENICE, FL 34285

FEI Number: 59-1547594

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CIPPONERI, MARSHA  
612 BIRD BAY DRIVE S  
VENICE, FL 34285 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: JENSEN, ROBERT  
Address: 612 BIRD BAY DR. SOUTH  
City-St-Zip: VENICE, FL 34292

Title: TD ( ) Delete  
Name: POLLOCK, ART  
Address: 612 BIRD BAY DR. SOUTH  
City-St-Zip: VENICE, FL

Title: VD ( ) Delete  
Name: JEAN, TOM  
Address: 612 BIRD BAY DR. S  
City-St-Zip: VENICE, FL 34285

Title: SD ( ) Delete  
Name: PENDERGEST, LOIS  
Address: 612 BIRD BAY DR. S.  
City-St-Zip: VENICE, FL 34285

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VC (X) Change ( ) Addition  
Name: POLLOCK, ART  
Address: 612 BIRD BAY DR. SOUTH  
City-St-Zip: VENICE, FL

Title: TR (X) Change ( ) Addition  
Name: SPAHN, CARL  
Address: 612 BIRD BAY DR. S  
City-St-Zip: VENICE, FL 34285

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: MARSHA CIPPONERI

RA

02/13/2009

Electronic Signature of Signing Officer or Director

Date