

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90212 029 ****61.25

DOCUMENT # **727870**



1. Entity Name
BIRD BAY LEISURE, INC.

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

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

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

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



CHECK HERE IF MAKING CHANGES

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
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 Mary Baquero Mary Baquero Feb 5, 2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ISON, DONALD	
STREET ADDRESS	612 BIRD BAY DR SOUTH	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JENSON, ROBERT	
STREET ADDRESS	612 BIRD BAY DR. SOUTH	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	POWELL, EDWARD W	
STREET ADDRESS	612 BIRD BAY DR. SOUTH	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KRITZLER, JOAN	
STREET ADDRESS	612 BIRD BAY DR SOUTH	
CITY-ST-ZIP	VENICE FL 34292	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSON	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Art Pollock	
STREET ADDRESS	612 Bird Bay Dr. S.	
CITY-ST-ZIP	Venice FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frank Klatko	
STREET ADDRESS	612 Bird Bay Dr. S.	
CITY-ST-ZIP	Venice, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 611, 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 Robert Jensen 9/4/03 488-8403
Signature Date Daytime Phone #

CR2E037 (10/02)