

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **744198** (3)

1. Corporation Name
BIRD BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business: **606 BIRD BAY DRIVE. SOUTH VENICE FL 34292 US**
Mailing Address: **606 BIRD BAY DRIVE. SOUTH VENICE FL 34292 US**

3. Date Incorporated or Qualified: **09/07/1978**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) fields.

4. FEI Number: **59-1936377**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ARGUS PROPERTY MGMT, INC
2100 CONSTITUTION BLVD
SARASOTA FL 34231**

10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Cynthia O'Brad* (Registered Agent Signature) DATE: _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	MOHR, DOROTHY	
STREET ADDRESS	808 SAINTCLAIR CIR	
CITY-ST-ZIP	VENICE FL	
TITLE	VPD	<input type="checkbox"/>
NAME	MILLER, DICK	
STREET ADDRESS	714 WHITE PINE TREE RD	
CITY-ST-ZIP	VENICE FL	
TITLE	TD	<input type="checkbox"/>
NAME	LIBBEE, RODNEY	
STREET ADDRESS	646 BIRD BAY DR E	
CITY-ST-ZIP	VENICE FL	
TITLE	ATO	<input type="checkbox"/>
NAME	O'NEILL, PETE	
STREET ADDRESS	806 BIRD BAY DR W	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	<input type="checkbox"/>
NAME	MAYER, ED	
STREET ADDRESS	674 BIRD BAY CIR	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	Vice President	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Bolinger, John		
2.3 STREET ADDRESS	826 Saintclair Circle		
2.4 CITY-ST-ZIP	Venice, FL 34292		
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	Shufflebarger, Virginia		
3.3 STREET ADDRESS	654 Bird Bay Circle		
3.4 CITY-ST-ZIP	Venice, FL 34292		
4.1 TITLE	Director	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Klasko, Frank		
4.3 STREET ADDRESS	611 White Pine Tree Rd.		
4.4 CITY-ST-ZIP	Venice, FL 34292		
5.1 TITLE	Secretary	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	Flynn, Larry		
5.3 STREET ADDRESS	732 Bird Bay Dr. W.		
5.4 CITY-ST-ZIP	Venice, FL 34292		
6.1 TITLE	Director	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	Osborne, Frank		
6.3 STREET ADDRESS	618 Bird Bay Dr. S.		
6.4 CITY-ST-ZIP	Venice, FL 34292		

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *V.C. Shufflebarger* DATE: **2-20-96** (941)488-6105

CR2E037 (12/95)