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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
09/07/1978

4. FEI Number
59-1936377

Applied For	Not Applicable
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2. Principal Place of Business
 21. Suite, Apt. #, etc.

2a. Mailing Address
 22. Suite, Apt. #, etc.

23. City & State
 24. Zip
 25. Country

26. City & State
 27. Zip
 28. Country

5. Certificate of Status Desired **\$6.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ADVANCED MANAGEMENT INC
899 WOODBRIDGE RD
VENICE FL 34293

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
FL 85 Zip Code

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 G. Michael Marinello G. Michael Marinello 1-26-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SEIBERT, JUNE	
STREET ADDRESS	988 BIRD BAY WAY	
CITY-ST-ZIP	VENICE FL	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROBINSON, HELEN	
1.3 STREET ADDRESS	1052 BIRD BAY WAY	
1.4 CITY-ST-ZIP	VENICE FL 34292	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DEIBEL, MARY	
STREET ADDRESS	826 SAINTCLAIR CIRCLE	
CITY-ST-ZIP	VENICE FL	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SEIBERT, JUNE	
STREET ADDRESS	988 BIRD BAY WAY	
CITY-ST-ZIP	VENICE FL	

3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PETZOLDT, EDWARD	
3.3 STREET ADDRESS	774 BIRD BAY WAY	
3.4 CITY-ST-ZIP	VENICE FL 34292	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KREMPIN, FLORENCE	
STREET ADDRESS	841 WATERSIDE DR	
CITY-ST-ZIP	VENICE FL	

4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WAGMAN, JAMIE	
4.3 STREET ADDRESS	831 WATERSIDE DR #106	
4.4 CITY-ST-ZIP	VENICE FL 34292	

TITLE	S	<input type="checkbox"/> DELETE
NAME	BURGER, A.W.	
STREET ADDRESS	638 BIRD BAY DR EAST	
CITY-ST-ZIP	VENICE FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THURSTON, ANN	
STREET ADDRESS	829 WHITE PINE TREE RD	
CITY-ST-ZIP	VENICE FL	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PIGEON, GAIL	
6.3 STREET ADDRESS	994 BIRD BAY WAY	
6.4 CITY-ST-ZIP	VENICE FL 34292	

14. 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 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: [Signature]

CP2E037 (10/97)