

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90937 013 ****61.25

DOCUMENT # 744198

1. Entity Name

BIRD BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

606 BIRD BAY DRIVE, SOUTH
 VENICE FL 34292
 US

606 BIRD BAY DRIVE, SOUTH
 VENICE FL 34292-1282
 US

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

59-1936377

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADVANCED MANAGEMENT INC
 899 WOODBRIDGE RD
 VENICE FL 34293

Name **SunVast Management & Services Inc.**
 Street Address (P.O. Box Number is Not Acceptable)
606 Bird Bay Drive South
 City **Venice** FL Zip Code **34292**

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.

SIGNATURE

Julie Trimpe **Julie Trimpe, President SunVast Mgmt. 4-24-00**

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD GERI	<input type="checkbox"/> Delete
NAME	WEINBERG, GERT	
STREET ADDRESS	606 BIRD BAY DR S	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CODDINGTON, JANE	
STREET ADDRESS	606 BIRD BAY	
CITY-ST-ZIP	VENICE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETZOLDT, EDWARD	
STREET ADDRESS	606 BIRD BAY DR S.	
CITY-ST-ZIP	VENICE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	WAGMAN, JAMIE	
STREET ADDRESS	606 BIRD BAY DR S	
CITY-ST-ZIP	VENICE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURGER, A.W.	
STREET ADDRESS	638 BIRD BAY DR EAST	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CATALANO, CHARLES	
STREET ADDRESS	606 BIRD BAY DR S.	
CITY-ST-ZIP	VENICE FL	

TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POOLE, FRANK	
STREET ADDRESS	606 BIRD BAY DRIVE 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		
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 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: *X* **SIGNATURE** *Julie Trimpe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

Daytime Phone #

CR2E037 (9/99)