


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90006 005 ****61.25

DOCUMENT # 744198			
1. Entity Name BIRD BAY COMMUNITY ASSOCIATION, INC.			
Principal Place of Business 606 BIRD BAY DRIVE, SOUTH VENICE, FL 34292 US 34285		Mailing Address 606 BIRD BAY DRIVE, SOUTH VENICE, FL 34292 US 34285	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WELLS, KEVIN T 2033 MAIN ST SUITE 403 SARASOTA, FL 34237		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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME WEINBERG, GERI STREET ADDRESS 606 BIRD BAY DR S CITY-ST-ZIP VENICE, FL	<input type="checkbox"/> Delete	TITLE VP NAME WEINBERG, GERI STREET ADDRESS 606 BIRD BAY DR S CITY-ST-ZIP VENICE, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CODDINGTON, JANE STREET ADDRESS 606 BIRD BAY CITY-ST-ZIP VENICE, FL	<input checked="" type="checkbox"/> Delete	TITLE T NAME FLANDERS, WILLIAM STREET ADDRESS 606 BIRD BAY DR S CITY-ST-ZIP VENICE, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DT NAME SMITH, CAROYLN STREET ADDRESS 606 BIRD BAY DR S CITY-ST-ZIP VENICE, FL 34292	<input checked="" type="checkbox"/> Delete	TITLE D NAME CATALANO, SHIRLEY STREET ADDRESS 606 BIRD BAY DR S CITY-ST-ZIP VENICE, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE V NAME ZIMMERMAN, TERRY STREET ADDRESS 606 BIRD BAY DRIVE S CITY-ST-ZIP VENICE, FL	<input type="checkbox"/> Delete	TITLE P NAME ZIMMERMAN, TERRY STREET ADDRESS 606 BIRD BAY DRIVE S CITY-ST-ZIP VENICE, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME CATALANO, CHARLES STREET ADDRESS 606 BIRD BAY DR S CITY-ST-ZIP VENICE, FL	<input checked="" type="checkbox"/> Delete	TITLE S NAME HENDERSON, MARY ANN STREET ADDRESS 606 BIRD BAY DR S CITY-ST-ZIP VENICE, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME SCHULTZ, EVELYN STREET ADDRESS 606 BIRD BAY DR S CITY-ST-ZIP VENICE, FL 34285	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: <u>Gerri Weinberg</u>		Date: <u>4-02-04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
GERI WEINBERG			

