



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90174 014 ****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			Mailing Address 606 BIRD BAY DRIVE, SOUTH VENICE, FL 34292 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1936377	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WELLS, KEVIN T 2033 MAIN ST SUITE 403 SARASOTA, FL 34237			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 re-registering) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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	VP	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEINBERG, GERI		NAME	Jenkins, Sue	
STREET ADDRESS	606 BIRD BAY DR S		STREET ADDRESS	606 Bird Bay Dr. S.	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Venice, FL 34285	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLANDERS, WILLIAM		NAME	Henderson, Mary Ann	
STREET ADDRESS	606 BIRD BAY DR. S		STREET ADDRESS	606 Bird Bay Dr. S.	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Venice, FL 34285	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATALANO, SHIRLEY		NAME	Grandone, Karin	
STREET ADDRESS	606 BIRD BAY DR S.		STREET ADDRESS	606 Bird Bay Dr. S.	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Venice, FL 34285	
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIMMERMAN, TERRY		NAME	Jakovich, Lois	
STREET ADDRESS	606 BIRD BAY DRIVE S		STREET ADDRESS	606 Bird Bay Dr. S.	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Venice, FL 34285	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATALANO, CHARLES		NAME		
STREET ADDRESS	606 BIRD BAY DR S.		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, EVELYN		NAME		
STREET ADDRESS	606 BIRD BAY DR. S		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		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: 		4/25/05		941/485-2663	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	