


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2006 8:00 am
Secretary of State

06-16-2006 90104 016 ****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		
Zip		Country	Zip		Country
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by September 6, 2006		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	D	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENKINS, SUE		NAME	Jenkins, Sue	
STREET ADDRESS	606 BIRD BAY DRIVE S.		STREET ADDRESS	606 Bird Bay Drive S.	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Venice, FL 34285	
TITLE	S	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENDERSON, MARY A		NAME	Jakovich, Lois	
STREET ADDRESS	606 BIRD BAY DR. S		STREET ADDRESS	606 Bird Bay Drive S.	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Venice, FL 34285	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATALANO, SHIRLEY		NAME	Castendyck, Margaret	
STREET ADDRESS	606 BIRD BAY DR S.		STREET ADDRESS	606 Bird Bay Drive S.	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Venice, FL 34285	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIMMERMAN, TERRY		NAME	Jacques, Denise	
STREET ADDRESS	606 BIRD BAY DRIVE S		STREET ADDRESS	606 Bird Bay Drive S.	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	Venice, FL 34285	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDONE, KARIN		NAME		
STREET ADDRESS	606 BIRD BAY DR S.		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP		
TITLE	D.	<input checked="" 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 exemptions contained in Chapter 119, 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>Jerry Zimmerman</u>			Date: <u>6/14/06</u>		Daytime Phone #: <u>941-485-2663</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

400JJ000



05222006 Chg-NP CR2E037 (4/06)

4. FEI Number
59-1936377

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required