


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90822 030 \*\*\*\*61.25

|  |   |   |  |
|--|---|---|--|
| <b>DOCUMENT # 744198</b>   |   |    |  |
| 1. Entity Name<br>BIRD BAY COMMUNITY ASSOCIATION, INC.   |   |   |  |
| Principal Place of Business<br>606 BIRD BAY DRIVE, SOUTH<br>VENICE, FL 34292 US  |   | Mailing Address<br>606 BIRD BAY DRIVE, SOUTH<br>VENICE, FL 34292 US   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |  |
| City & State   |   | City & State  |  |
| Zip  |   | Zip   |  |
| Country  |   | Country   |  |
| 04242007   |   | Chg-NP CR2E037 (12/06)  |  |
| 4. FEI Number<br>59-1936377  |   | Applied For<br>Not Applicable   |  |
| 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<br>2033 MAIN ST<br>SUITE 403<br>SARASOTA, FL 34237  |   | Name<br>22 S. Links Ave. Suite 301<br>Street Address (P.O. Box Number is Not Acceptable)<br>Sarasota, FL 34236<br>City<br>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 _____<br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)  |   |   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2007  |   | 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>JENKINS, SUE<br>606 BIRD BAY DRIVE S<br>VENICE, FL 34285 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VP<br>Gallagher, Jack<br>606 Bird Bay Drive S.<br>Venice, FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>JAKOVICH, LOIS<br>606 BIRD BAY DRIVE S<br>VENICE, FL 34285 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>Jakovich, Lois<br>606 Bird Bay Drive S.<br>Venice, FL 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>CASTENDYCK, MARGARET<br>606 BIRD BAY DRIVE S<br>VENICE, FL 34285 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>Henderson, Mary Ann<br>606 Bird Bay Drive S.<br>Venice, FL 34285 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>JACQUES, DENISE<br>606 BIRD BAY DRIVE S<br>VENICE, FL 34285 <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>Jacques, Denise<br>606 Bird Bay Drive S.<br>Venice, FL 34285 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Catalano, Shirley<br>606 Bird Bay Drive S<br>Venice, FL 34285 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>Geiselhart, George<br>606 Bird Bay Drive S<br>Venice, FL 34285 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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>Lois M Jakovich</u>  |   | Date: <u>04-27-2007</u>   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   | Daytime Phone #   |  |