


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90062 012 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04112008 Chg-NP CR2E037 (12/06)	
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 22 S. LINKS AVE SUITE 301 SARASOTA, FL 34236			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 reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	V	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLAGHER, JACK		NAME	PENDERGAST, LOIS	
STREET ADDRESS	606 BIRD BAY DRIVE S.		STREET ADDRESS	606 BIRD BAY DRIVES.	
CITY-ST-ZIP	VENICE, FL 34285		CITY-ST-ZIP	VENICE, FL 34285	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAKOVICH, LOIS		NAME	GRANDONE, KARIN	
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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTENDYCK, MARGARET		NAME	GEISELHART, GEORGE	
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 type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACQUES, DENISE		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	S	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, MARY ANN		NAME	HENDERSON, MARY ANN	
STREET ADDRESS	606 BIRD BAY DRIVE S.		STREET ADDRESS	606 BIRD BAY DRIVES	
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	TOMS, RUTH	
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	
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: _____		Date: 4/16/08		Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					