(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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1 Report

SERRETTICAL AND CO.

## **COVER LETTER**

TO:	Amendment Division of	Section Corporations						
SUBJECT: Bird Bay Community Association, Inc.  Name of Corporation								
DOC	UMENT NUN	1BER:	7441	98				
The e	nclosed Statem	ent of Change of Reg	istered Office/Ager	nt and fee are submi	tted for filing.			
Please	e return all corr	respondence concerni	ng this matter to the	following:				
	_		Kevin T. Wells,	Esq.				
			Name of Contact P	erson				
	The Law Offices of Kevin T. Wells, P.A.							
	_		Firm/Company	у				
	1800 Second Street, Suite 803							
	Address							
	Sarasata Elorida 34236							
	Sarasota, Florida 34236 City/State and Zip Code							
•	E-mail address: (to be used for future annual report notification)							
For fi	ırther informat	ion concerning this m	atter, please call:					
		vin T. Wells, Esq.	at (	941	366-9191 ime Telephone Number			
	Nam	e of Contact Person		Area Code & Dayt	ime Telephone Number			
Enclo	sed is a \$35.00	check made payable	to the Department of	of State.				
		Mailing Address Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Street Address Amendment S Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ng ve Center Circle			

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of	change is submitted for a co	rporation organize	607.1508, or 617.1508, Florida d under the laws of the State of d agent, or both, in the State of	Florida		
	of the corporation: Bird Bipal office address: 606 Bir		ty Association, Inc. uth, Venice, Florida 3428	35		
3. The mailing	ng address (if different): 600	6 Bird Bay Driv	e South, Venice, Florida	34285		
4. Date of inc	corporation/qualification:	05/07/1979	Document number:	747067		
	and street address of the currepartment of State: (If resigno		nt and registered office on file w	vith the		
	Kevin Wells P.A.			_		
	22 S. Links Avenue, Suite 301					
	Sarasota, Florida 3	4236		2009 OCT 22 SECRE IARY TALLAHASSI		
6. The name (if changed	6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):					
	The Law Offices of Kevin T. Wells, P.A.  1800 Second Street, Suite 803  P.O. Box NOT accentable					
	Sarasota, Florida 3	P.O. Box NOT ac	ceptable	— ∑∺ Ω		
The street ad as changed w	dress of its registered office	e and the street add	dress of the business office of	its registered agent,		
Such change authorized by	was authorized by resolution the board, or the corporation	on duly adopted b ion has been notifi	y its board of directors or by a led in writing of the change.	n officer so		
, - 5	nature of an officer or diperior	cue .	Denise Inc g			
I hereby acce I further agre of my duties, document is corporation	ept the appointment as regisee to comply with the provis and I am familiar with and being filed merely to reflect has been halified in writing	stered agent and a sions of all statute accept the obliga a change in the r of this change.	gree to act in this capacity. s relative to the proper and co tion of my position as register egistered office address, I her	omplete performance red agent. Or, if this eby confirm that the		
4/2	Signature of Registered Agent		7/6/09 Date			
	behalf of an entity:					
	Kevin T. Wells, Esq.					
	Typed or Printed Name		•			

\* \* \* FILING FEE: \$35.00 \* \* \*