


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90735 042 ****61.25

DOCUMENT # 744198

1. Entity Name
BIRD BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address

**606 BIRD BAY DRIVE. SOUTH
VENICE FL 34292
US**

**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

4. FEI Number **59-1936377** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SUNVAST MANAGMT SERV INC
606 BIRD BAY DRIVE SOUTH
VENICE FL 34292**

7. Name and Address of New Registered Agent

Name **Kevin T. Wells**

Street Address (P.O. Box Number is Not Acceptable)
20.33 Main St., Suite 403

City **Sarasota** FL Zip Code **34237**

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 *Kevin T. Wells* DATE **4-4-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	WEINBERG, GERI	
STREET ADDRESS	606 BIRD BAY DR S	
CITY-ST-ZIP	VENICE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CODDINGTON, JANE	
STREET ADDRESS	606 BIRD BAY	
CITY-ST-ZIP	VENICE FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SMITH, CAROYLNE	
STREET ADDRESS	606 BIRD BAY DR S.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAGMAN, JAMIE	
STREET ADDRESS	606 BIRD BAY DR S	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BECK, JANET	
STREET ADDRESS	606 BIRD BAY DRIVE S.	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CATALANO, CHARLES	
STREET ADDRESS	606 BIRD BAY DR S.	
CITY-ST-ZIP	VENICE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weinberg, Geri	
STREET ADDRESS	606 Bird Bay Drive S	
CITY-ST-ZIP	Venice, FL	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Coddington, Jane	
STREET ADDRESS	606 Bird Bay Drive S	
CITY-ST-ZIP	Venice, FL	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zimmermann, Terry	
STREET ADDRESS	606 Bird Bay Drive S.	
CITY-ST-ZIP	Venice, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: *COGNITIVE REQUIRED* 3-31-03 941-485-9104

CR2E037 (10/02)