

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90028 019 \*\*\*\*61.25

**DOCUMENT # 747067**

1. Entity Name  
**BIRD BAY CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business                      Mailing Address  
**606 BIRD BAY DRIVE S.**                      **606 BIRD BAY DRIVE S.**  
**VENICE FL 34292-1231**                      **VENICE FL 34292-1282**



DO NOT WRITE IN THIS SPACE

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                      Applied For  
**59-2168860**                      Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINELLO, MICHAEL**  
**C/O ADVANCED MANAGEMENT INC**  
**606 BIRD BAY DR S**  
**VENICE FL 34292**

7. Name and Address of New Registered Agent

Name **SunVast Management + Serv. Inc**  
 Street Address (P.O. Box Number is Not Acceptable) **606 Bird Bay Drive So.**  
 City **Venice**                      FL                      Zip Code **34292**

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.

SIGNATURE *Julie Trimpe*                      **Julie Trimpe, President SunVast Mgmt.**                      **4-24-00**  
Signature, typed or printed name of registered agent and title if applicable.                      (NOTE: Registered Agent signature required when reinstating)                      DATE

**FILE NOW: FEE IS \$61.25**                      9. Election Campaign Financing Trust Fund Contribution.                                            **\$5.00** May Be Added to Fees                      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>GIAMBO, TOMAS</b> <b>606 BIRD BAY DRIVE S.</b> <b>VENICE FL 34292</b>
VP NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>WEINBURG, GERI</b> <b>606 BIRD BAY DRIVE S.</b> <b>VENICE FL 34292</b>
P NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>DEIANA, BURT</b> <b>606 BIRD BAY DRIVE S.</b> <b>VENICE FL 34292</b>
D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>REYNOLDS, JOHN</b> <b>606 BIRD BAY DR S</b> <b>VENICE FL 34292</b>
D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>ROBINSON, HELEN</b> <b>606 BIRD BAY DRIVE S</b> <b>VENICE FL 34292</b>
S NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>PETZOLDT, EDWARD</b> <b>606 BIRD BAY DR S</b> <b>VENICE FL 34292</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>PIGEON, GAIL</b> <b>606 BIRD BAY DRIVE S.</b> <b>VENICE, FL 34292</b>
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Julie Trimpe*                      **SIGNATURE REQUIRED**                      **24 April 2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E037 (9/99)