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

## **DOCUMENT #747067**

1. Entity Name



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

04-30-2007 90843 028 \*\*\*\*61.25

BIRD BAY CONDOMINIUM ASSOCIATION, INC.								
Principal Place of Business 606 BIRD BAY DRIVE S. VENICE, FL 34292-1231		Mailing Address 606 BIRD BAY DRIVE S. VENICE, FL 34292-1231		3 W T				
		1						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1 IMBIJU (2001) QI203 IMBII MBUU (	IIII) 1881 ELEM BIEN ESEIL	EIBN EIBN EIBN	(III III )   1831)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04242007 Chg-NP	CR2E037	7 (12/06)		
City & State		City & State		4. FEI Number 59-2168860	· · ·	<del>  -   · ·</del>	olied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Des		8.75 Addi	tional	
6. Name and Address of Current Registered Agent			1	7. Name and Address of I				
WELLS, KEVIN T			Name	Name				
2033 MAIN ST, SUITE 403 22 S. Links Avenu			Street A	ess (P.O. Box Number is Not Acce	ptable)		-	
SAKASUT		ita, FL 34736				·		
	<i>;</i>	,	City		FL	Zip Code	,	
8. The above	named entity submits this statement fo	r the purpose of changing its re	gistered office o	jistered agent, or both, in the State		amiliar with,	and accept	
the obligat	ions of registered agent.							
SIGNATURE .	Character hand or county come of managed county	and tels of analyses his (ANOTE: 0	learnered food popul	a vad utan randa an	DATE			
SIGNATURE .	Signature, typed or printed name of registered agent	·····		quired when reinstating)	DATE		<del></del> -	
SIGNATURE .	Signature, typed or printed name of registered agent. Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be Added to Fees	Make check Florida Depart			
SIGNATURE .	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIR	9. Election Camp Trust Fund Cor	aign Financing	\$5.00 May Be	Make check Florida Depart	ment of St	10	
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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:

Donalia

Daytme Phone #