


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 08:00 AM
Secretary of State

DOCUMENT # G21675
 1. Entity Name
BIRD BAY EXECUTIVE GOLF CLUB, INC.



Principal Place of Business Mailing Address
 C/O CHRISTIANSEN & DEHNER P A C/O CHRISTIANSEN & DEHNER P A
 63 SARASOTA CTR. BLVD STE 107 63 SARASOTA CTR. BLVD STE 107
 SARASOTA, FL 34240 US SARASOTA, FL 34240 US

DO NOT WRITE IN THIS SPACE



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2254217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DEHNER, H. LEE
 63 SARASOTA CTR BLVD
 STE 107
 SARASOTA, FL 34240

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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: _____ DATE: _____

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

00000170077
 08/13/04-80003-017 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT ROBERTSON, JOHN T. 602 BIRD BAY DR. W VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS ROBERTSON, MARY M. 602 BIRD BAY DR W VENICE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBERTSON, II J 602 BIRD BAY DRIVE W VENICE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____