

**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
**C/O CHRISTIANSEN & DEHNER P A
63 SARASOTA CTR. BLVD STE 107
SARASOTA, FL 34240 US**

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

DO NOT WRITE IN THIS SPACE



07122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59+2254217	Applied For <input type="checkbox"/> 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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

000000170077
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	

**DO NOT WRITE
IN THIS SPACE**

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 #