


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 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



01122005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-2254217** Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

000000192594  
01/25/05-80025-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPT
NAME	ROBERTSON, JOHN T.
STREET ADDRESS	602 BIRD BAY DR. W
CITY-ST-ZIP	VENICE, FL
TITLE	DVS
NAME	ROBERTSON, MARY M.
STREET ADDRESS	602 BIRD BAY DR W
CITY-ST-ZIP	VENICE, FL 00000,
TITLE	VP
NAME	ROBERTSON, II J
STREET ADDRESS	602 BIRD BAY DRIVE W
CITY-ST-ZIP	VENICE, FL
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: *John T. Robertson* 1/21/05 941-907-3908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #