


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 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**



02082006    No Chg-P    CRZE034 (11/05)

4. FEI Number      Applied For  
**59-2254217**      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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

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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 03/01/05 80014 018 150.00

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 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    **JOHN T. ROBERTSON**    2/15/06    941-97-3908  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #