

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 27 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04713 (6)
1. Corporation Name
BIRD BAY NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
606 BIRD BAY DR. S. VENCE FL 34292 **606 BIRD BAY DR. S. VENCE FL 34292**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/15/1984** 3a. Date of Last Report **02/11/1994**

4. FEI Number **59-2562525** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CYNTHIA O'GRADY
606 BIRD BAY DRIVE
VENCE FL 34292

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Cynthia O'Grady*

(NOTE: Registered Agent signature required when reappointing)

1/30/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FLENDERS, WILLIAM
STREET ADDRESS	802 CHATHAM DR
CITY - ST - ZIP	VENCE FL
TITLE	SD
NAME	LAVINE, DAVID
STREET ADDRESS	821 SAINT CLAIR CIR
CITY - ST - ZIP	VENCE FL
TITLE	VD
NAME	WENDRYCHOWICZ, WALTER
STREET ADDRESS	808 CHATHAM DRIVE
CITY - ST - ZIP	VENCE FL
TITLE	TD
NAME	COATES, HAROLD
STREET ADDRESS	864 CHATHAM DR
CITY - ST - ZIP	VENCE FL
TITLE	D
NAME	WILL, FOSTER HC
STREET ADDRESS	803 SAINT CLAIR CIR
CITY - ST - ZIP	VENCE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN BOLINGER	
1.3 STREET ADDRESS	826 SAINTCLAIR CIRCLE	
1.4 CITY - ST - ZIP	VENCE, FL.	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RON ARONE	
3.3 STREET ADDRESS	834 ST. CLAIR CIRCLE	
3.4 CITY - ST - ZIP	VENCE, FL.	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Harold L. Coates*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/95
DATE

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