

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N04713** (6)

1. Corporation Name  
**BIRD BAY NORTH CONDOMINIUM ASSOCIATION, INC.**



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

3. Date Incorporated or Qualified: **08/15/1984**  
3a. Date of Last Report: **02/27/1995**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

4	FEI Number	Applied For
	<b>59-2562525</b>	Not Applicable
5	Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CYNTHIA O'GRADY**  
**606 BIRD BAY DRIVE**  
**VENICE FL 34292**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Cynthia O'Grady* (NOTE: Registered Agent signature required when reinstating) DATE: **1-29-96**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>BOLINGER, JOHN</b>	
STREET ADDRESS	<b>826 SAINTCLAIR CIRCLE</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>LAVINE, DAVID</b>	
STREET ADDRESS	<b>821 SAINT CLAIR CIR</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>ARONE, RON</b>	
STREET ADDRESS	<b>834 ST. CLAIR CIRCLE</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>COATES, HAROLD</b>	
STREET ADDRESS	<b>864 CHATHAM DR</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>WILL, FOSTER MC</b>	
STREET ADDRESS	<b>803 SAINT CLAIR CIR</b>	
CITY-ST-ZIP	<b>VENICE FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
1.2	NAME		
1.3	STREET ADDRESS		
1.4	CITY-ST-ZIP		
2.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
2.2	NAME		
2.3	STREET ADDRESS		
2.4	CITY-ST-ZIP		
3.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
3.2	NAME		
3.3	STREET ADDRESS		
3.4	CITY-ST-ZIP		
4.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
4.2	NAME		
4.3	STREET ADDRESS		
4.4	CITY-ST-ZIP		
5.1	TITLE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2	NAME		
5.3	STREET ADDRESS		
5.4	CITY-ST-ZIP		
6.1	TITLE	<input type="checkbox"/>	<input type="checkbox"/>
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: *John J. Bolinger* DATE: **1-29-96** DAYTIME PHONE #: **941-488-6105**

CR2E037 (12/95)