

FILE NOW: FILING FEE IS \$61.25

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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 34292-1282

3. Date Incorporated or Qualified: 08/15/1984
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business: 21 John Bolinger, Suite, Apt. #, etc. 826 Stclair Circle, Venice FL 34292
2a. Mailing Address: 26 PO Box 595, Venice FL 34285
27 City & State: Venice FL
28 City & State: Venice FL
29 Zip: 34292, Country: Florida
30 Zip: 34285, Country: Sarasota

4. FEI Number: 59-2562525
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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
VENICE 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
85 Zip Code
FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BOLINGER, JOHN 826 SAINTCLAIR CIRCLE VENICE FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE	SD LAVINE, DAVID 821 SAINT CLAIR CIR VENICE FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE	VD ARONE, RON 834 ST. CLAIR CIRCLE VENICE FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE	TD COATES, HAROLD 864 CHATHAM DR VENICE FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE	D GOTHNC, JOHN 803 SAINT CLAIR CIR VENICE FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	BOB CASTENDYCK STCLAIR Cir VENICE FL
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SD JOHN GOTHNER tj 2/13
<input type="checkbox"/> Change <input type="checkbox"/> Addition	300002087555 -02/14/97--01015--049 ***61.25

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 2/5/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/96)