


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04713 (6)
1. Corporation Name
BIRD BAY NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business JOHN BOLINGER 826 STCLAIR CIRCLE VENICE FL 34292	Mailing Address PO BOX 595 VENICE FL 34285
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3. Date Incorporated or Qualified 08/15/1984		
4. FEI Number 59-2562525	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

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) 3380 RUSTIC RD
83. City
84. City NOKOMIS FL 85. Zip Code 34272

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* *Mansah* *1/6/98*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	BOLINGER, JOHN	
STREET ADDRESS	826 SAINTCLAIR CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	
NAME	CASTENDYCK, BOB	
STREET ADDRESS	STCLAIR CR	
CITY-ST-ZIP	VENICE FL	
TITLE	VD	
NAME	ARONE, RON	
STREET ADDRESS	834 ST. CLAIR CIRCLE	
CITY-ST-ZIP	VENICE FL	
TITLE	TD	
NAME	COATES, HAROLD	
STREET ADDRESS	864 CHATHAM DR	
CITY-ST-ZIP	VENICE FL	
TITLE	SD	
NAME	GOTHNER, JOHN	
STREET ADDRESS	803 SAINT CLAIR CIR	
CITY-ST-ZIP	VENICE FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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 Bolinger* **PHYSICIAN REQUIRED**

1/6/98

CR2E037 (10/97)