


FILE NOW: FILING FEE IS \$61.25

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90030 035 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04713

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/15/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2562525
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent CYNTHIA O'GRADY 3380 RUSTIC RD NOKOMIS FL 34272	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
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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* DATE 1/5/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

SIGNATURE: *John Bolinger* DATE: 1/5/98 PHONE: 941-488-3176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)