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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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/15/1984 4. FEI Number 59-2562525 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
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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

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
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/5/98
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP
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	2.1 TITLE	TD
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	3.1 TITLE	PD
NAME	ARONE, RON	3.2 NAME	DOROTHY MOHR
STREET ADDRESS	834 ST. CLAIR CIRCLE	3.3 STREET ADDRESS	808 SAINTCLAIR CIR
CITY-ST-ZIP	VENICE FL	3.4 CITY-ST-ZIP	VENICE FL 34292
TITLE	TD	4.1 TITLE	D
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	5.1 TITLE	
NAME	GOETNER, 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		6.1 TITLE	
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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/98
Date
941-488-3176
Daytime Phone #

CR2E037 (11/98)