

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90171 028 ****61.25

DOCUMENT # N04713

1. Entity Name

BIRD BAY NORTH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~JOHN BOLINGER -~~
~~826 STCLAIR CIRCLE~~
~~VENICE FL 34292~~

~~PO-BOX 595~~
~~VENICE FL 34295~~

LUU46U73



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

606 Bird Bay DrS.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice FL

City & State

4. FEI Number **59-2562525**

Applied For
 Not Applicable

Zip

34292

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CYNTHIA O'GRADY~~ % **Julie Trimpe**
~~3390 RUSTIC RD~~ **606 Bird Bay Drive S.**
~~NOKOMIS FL 34272~~ **Venice, FL 34292**

Name

Julie Trimpe

Street Address (P.O. Box Number is Not Acceptable)

c/o SunVast Management
606 Bird Bay Drive S.

City

Venice

Zip Code

FL

34292

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE **PRESIDENT, SunVast Mgmt.** **3/2/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	BOLINGER, JOHN	826 SAINTCLAIR CIRCLE	VENICE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	CASTENDYCK, BOB	STCLAIR CR	VENICE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	MOHR, DOROTHY	808 ST CLAIRE CIR	VENICE FL 34292	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	COATES, HAROLD	864 CHATHAM DR	VENICE FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	CERNY, EVELYN	813 ST CLAIR CIR	VENICE FL 34292	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **4-6-01** **941-485-2663**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)