


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90027 013 ****61.25

DOCUMENT # N04713

1. Entity Name
BIRD BAY NORTH CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**381 INTERSTATE BLVD
 SARASOTA, FL 34240**

Mailing Address
**381 INTERSTATE BLVD
 203
 SARASOTA, FL 34240**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

QUV



03202006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2562525

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TRIMPE, JULIE
 381 INTERSTATE BLVD
 SARASOTA, FL 34240**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lois J. Niles, CAM* DATE 4/4/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MONTR, DOROTHY	
STREET ADDRESS	808 SAINTCLAIR CIR	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CASTENDYCK, ROBERT W	
STREET ADDRESS	808 ST CLAIRE CIR	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LADWIG, LOU	
STREET ADDRESS	606 BIRD BAY DR S.	
CITY-ST-ZIP	VENICE, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CERNY, EVELYN	
STREET ADDRESS	813 ST CLAIR CIR	
CITY-ST-ZIP	VENICE, FL 34292	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LIETZ, AL	
STREET ADDRESS	816 STCLAIR CIR	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHR, DOROTHY	
STREET ADDRESS	808 SAINTCLAIR CIR.	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	VP JOHN BULINGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	816 SAINTCLAIR CIR.	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	T JOYCE O'BRIEN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	806 SAINTCLAIR CIR	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D AL LIETZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	816 SAINTCLAIR CIR.	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowerment.

SIGNATURE: *Dorothy Mohr* **DOROTHY MOHR PRESIDENT** DATE 4-4-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #