


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90048 037 ****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
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60028714

DO NOT WRITE IN THIS SPACE



02162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2562525	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

TRIMPE, JULIE
 381 INTERSTATE BLVD
 SARASOTA, FL 34240

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

Filing Fee is \$61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Albert Leitz</i> MOLE, DOROTHY 800 ST CLAIR CIR 816 ST. CLAIR CIR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BOLINGER, JOHN 826 ST CLAIR CIR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'BRIEN, JOYCE 806 ST CLAIR CIR VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CERNY, EVELYN 813 ST CLAIR CIR VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <i>Mark Goodell</i> MARK 846 ST CLAIR CIR 801 St. Claire Cir VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 empowered.

SIGNATURE: *Joyce O'Brien* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____