

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04713

FILED
Feb 17, 2009
Secretary of State

Entity Name: BIRD BAY NORTH CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

381 INTERSTATE BLVD
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

381 INTERSTATE BLVD
203
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 59-2562525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBBER, HEIDI
381 INTERSTATE BLVD
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

SUN VAST MANAGMENT
381 INTERSTATE BLVD
SARASOTA, FL 34240 US

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: SUN VAST MANAGMENT

02/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALBERT, LEITZ
Address: 816 ST CLAIR CIR
City-St-Zip: VENICE, FL 34285

Title: VP () Delete
Name: KELPSEH, ARLENE
Address: 821 ST. CLAIRE CIR
City-St-Zip: VENICE, FL 34285

Title: T () Delete
Name: O'BRIEN, JOYCE
Address: 806 ST CLAIR CIR
City-St-Zip: VENICE, FL 34285

Title: DS () Delete
Name: HINES, PATRICIA
Address: 823 ST. CLAIRE
City-St-Zip: VENICE, FL 34285

Title: P () Delete
Name: GOODELL, MARK
Address: 801 ST CLAIRE CIR.
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: GOODELL, MARK
Address: 801 SAINT CLAIR CIRCLE
City-St-Zip: VENICE, FL 34285

Title: D (X) Change () Addition
Name: KELPSEH, ARLENE
Address: 821 ST. CLAIRE CIR
City-St-Zip: VENICE, FL 34285

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: MOHR, DOROTHY
Address: 808 SAINT CLAIR CIRCLE
City-St-Zip: VENICE, FL 34285

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY MOHR

P

02/17/2009

Electronic Signature of Signing Officer or Director

Date