2003 NOT-FOR-PROFIT CORPORATION

FILED Mar 17, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # N04713 1. Entity Name 03-17-2003 91072 036 ****61.25 BIRD BAY NORTH CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 606 BIRD BAY DR S. 606 BIRD BAY DR S. VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business Mailing Address 380 Interstate Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number 59-2562525 Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7.«Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TRIMPE, JULIE C/O SUN VAST MGMT nterstate 606 BIRD BAY DR S VENICE FL 34292 Zip Code 34240 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. the obligations of registered agent. **SIGNATURE** 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. VD ■ Addition TITLE ☐ Delete TITLE Change **BOLINGER. JOHN** NAME NAME $\int_{\mathbb{R}^{N}}$ 826 SAINTCLAIR CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL ☐ Delete Change Addition TITLE CASTENDYCK, BOB NAME STREET ADDRESS STCLAIR CR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL TITLE Delete TITLE ☐ Addition Change Robert-W. Castendyck MOHR, DOROTHY NAME NAME 808 ST CLAIRE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LADWIG, LOU NAME STREET ADDRESS 606 BIRD BAY DR S. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **VENICE FL** SD TITLE ☐ Delete TITLE ☐ Change ☐ Addition CERNY, EVELYN NAME NAME STREET ADDRESS 813 ST CLAIR CIR STREET ADDRESS CITY-ST-ZIP VENICE FL 34292 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

78-0260