

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009557

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** BIRD GROVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2734 BIRD AVENUE  
MIAMI, FL 33133

**New Principal Place of Business:**

2734 BIRD AVE  
MIAMI, FL 33133

**Current Mailing Address:**

C/O DELTA MANAGEMENT SOLUTIONS, INC  
PO BOX 590577  
TAMARAC, FL 33319

**New Mailing Address:**

**FEI Number:** 59-2238560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DELTA MANAGEMENT SOLUTIONS, INC.  
6041 KIMBERLY BLVD  
STE D  
N. LAUDERDALE, FL 33068 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OLMOS, CARLOS  
Address: 2734 BIRD AVE UNIT 113  
City-St-Zip: MIAMI, FL 33133

Title: TD ( ) Delete  
Name: RODRIGUEZ, AURORA  
Address: 2734 BIRD AVE #110  
City-St-Zip: MIAMI, FL 33131

Title: V ( ) Delete  
Name: JUAN, WILLIAM  
Address: 2734 BIRD AVE #308  
City-St-Zip: MIAMI, FL 33133

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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: CARLOS OLMO

PD

04/17/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date