

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90237 030 ****61.25

DOCUMENT # N43389

1. Entity Name
BIRD ISLAND TRUST, INC.



Principal Place of Business
**505 SOUTH FLAGLER DRIVE
POST OFFICE BOX 1060
BOYNTON BEACH, FL 33425-8060**

Mailing Address
**C/O JOHN C. RANDOLPH
P.O. BOX 3475
W PALM BCH, FL 33402-475 US**

000002171



01092006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0274856

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RANDOLPH, JOHN C
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (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**

10. OFFICERS AND DIRECTORS

TITLE PT
NAME RATHBUN, DAVID
STREET ADDRESS RESERVOIR RD. 4861 South LAKE DR.
CITY-ST-ZIP PAWLING, NY BOYNTON BE, FL 33436

TITLE ST
NAME BRADY, DIRK
STREET ADDRESS 2000 S OCEAN BLVD
CITY-ST-ZIP MANALAPAN, FL 33462

TITLE T
NAME STAFFORD, PAUL
STREET ADDRESS 153 E 53RD ST
CITY-ST-ZIP NEW YORK, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #