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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:21

DOCUMENT # N50439 (1)

1. Corporation Name

WATERSIDE I AT BIRD BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
606 BIRD BAY DR S VENICE FL 34292 US	606 BIRD BAY DR S VENICE FL 34292 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1992
3a. Date of Last Report: 02/23/1994
4. FEI Number: 65-0388535 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

ARGUS PROPERTY MANAGEMENT INC
606 BIRD BAY DR S
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Cynthia O'Brad
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	~~KNIGHT, JAMES~~	1.2 NAME	Mary Burke Flax
STREET ADDRESS	~~801 WATERSIDE DR #204~~	1.3 STREET ADDRESS	801 Waterside Dr. #101
CITY-ST-ZIP	~~VENICE FL~~	1.4 CITY-ST-ZIP	Venice, Fl.
TITLE	DV	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	~~GARR, GEORGE~~	2.2 NAME	Florence Krempin
STREET ADDRESS	~~801 WATERSIDE DR #104~~	2.3 STREET ADDRESS	841 Waterside Dr. #103
CITY-ST-ZIP	~~VENICE FL~~	2.4 CITY-ST-ZIP	Venice, Fl.
TITLE	DST	3.1 TITLE	TD ☐ Change ☐ Addition
NAME	~~ORFF, RICHARD~~	3.2 NAME	Mary Luyster
STREET ADDRESS	~~801 WATERSIDE DR #106~~	3.3 STREET ADDRESS	811 Waterside Dr. #206
CITY-ST-ZIP	~~VENICE FL~~	3.4 CITY-ST-ZIP	Venice, Fl.
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	SD Bill Barnett
STREET ADDRESS		4.3 STREET ADDRESS	841 Waterside Dr. #102
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Venice, Fl.
TITLE		5.1 TITLE	D ☐ Change ☐ Addition
NAME		5.2 NAME	James Knight
STREET ADDRESS		5.3 STREET ADDRESS	801 Waterside Dr. #204
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Venice, Fl.
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Knight 3/6/95 813-485-2663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

00444 [illegible]