

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N50439** (1)

1. Corporation Name

WATERSIDE 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

3. Date Incorporated or Qualified
08/19/1992

3a. Date of Last Report
03/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **Martinello Michael**
82 Street Address (P.O. Box Number is Not Acceptable) **Advanced Management Inc**
83 **606 Bird Bay Dr S**
84 City **Venice** FL 85 Zip Code **34292**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **C. Michael Martinello**
Signature, typed or printed name of registered agent and title if applicable

C. Mill Maxwell
(NOTE: Registered Agent signature required when reinstating)

5-9-96
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLAX, MARY B 801 WATERSIDE DRIVE, #101 VENICE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME MacFarlane, Melbourne 1.3 STREET ADDRESS 831 Waterside Dr #203 1.4 CITY-ST-ZIP Venice, FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KREMPIN, FLORENCE 841 WATERSIDE DRIVE, #103 VENICE FL <input type="checkbox"/> DELETE	2.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME Krempin, Florence 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LUYSTER, MARY 811 WATERSIDE DRIVE #206 VENICE FL <input type="checkbox"/> DELETE	3.1 TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME LUYSTER, MARY MITCHELL STEPHEN 3.3 STREET ADDRESS 811 WATERSIDE DR #102 3.4 CITY-ST-ZIP VENICE FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARNETT, BILL 841 WATERSIDE DRIVE #102 VENICE FL <input type="checkbox"/> DELETE	4.1 TITLE Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Barnett, Bill 4.3 STREET ADDRESS 841 WATERSIDE DR, #102 4.4 CITY-ST-ZIP VENICE FL 34292
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNIGHT, JAMES 801 WATERSIDE DRIVE, #204 VENICE FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE Mitchell, Stephen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Mitchell Stephen 5.3 STREET ADDRESS 811 Waterside Dr 5.4 CITY-ST-ZIP #102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME Ehrhardt, Frank 6.3 STREET ADDRESS 831 Waterside DR #101 6.4 CITY-ST-ZIP Venice, FL 34292

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)(k), 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:

William J. Barnett, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/96
Date

(941) 488-2221
Daytime Phone #

CR2E037 (12/95)