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Apr 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 34292-1282 US

3. Date Incorporated or Qualified 08/19/1992 3a. Date of Last Report 05/24/1996  
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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINELLO, MICHAEL  
ADVANCED MANAGEMENT INC.  
606 BIRD BAY DR S  
VENICE FL 34292

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 617.0602 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 617.0603, Florida Statutes.

SIGNATURE (Signature typed or printed name of registered agent or trustee if applicable) (NOTE: If registered agent, signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	MACFARLANE, MELBOURNE	
STREET ADDRESS	831 WATERSIDE DR #203	
CITY-ST-ZIP	VENICE FL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	KREMPIN, FLORENCE	
STREET ADDRESS	841 WATERSIDE DRIVE, #103	
CITY-ST-ZIP	VENICE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	MITCHELL, STEPHEN	
STREET ADDRESS	811 WATERSIDE DR #102	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARNETT, BILL	
STREET ADDRESS	841 WATERSIDE DRIVE #102	
CITY-ST-ZIP	VENICE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MITCHELL, STEPHEN	
STREET ADDRESS	811 WATERSIDE DR #102	
CITY-ST-ZIP	VENICE FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ELRHARDT, FRANK	
STREET ADDRESS	831 WATERSIDE DR #101	
CITY-ST-ZIP	VENICE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JANE Coddington	
1.3 STREET ADDRESS	821 WATERSIDE DR #102	
1.4 CITY-ST-ZIP	VENICE FL	
2.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EL GONG SERPER	
2.3 STREET ADDRESS	841 WATERSIDE DR #202	
2.4 CITY-ST-ZIP	VENICE FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sally Sheriff	
5.3 STREET ADDRESS	811 WATERSIDE	
5.4 CITY-ST-ZIP		
6.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jan Waghman	
6.3 STREET ADDRESS	831 WATERSIDE DR #106	
6.4 CITY-ST-ZIP	VENICE FL	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Stephen H Mitchell*

4-8-97

CR2E037 (9/96)