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FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50439 (1)
1. Corporation Name
WATERSIDE AT BIRD BAY VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 808 BIRD BAY DR S VENICE FL 34292 US	Mailing Address 808 BIRD BAY DR S VENICE FL 34292 US
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3. Date Incorporated or Qualified 08/19/1992		
4. FEI Number 65-0388535	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**MARTINELLO, MICHAEL
ADVANCED MANAGEMENT INC.
808 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	85 Zip Code

FL

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 G. Michael Martinello G. Michael Martinello 1-26-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	CODDINGTON, JANE	
STREET ADDRESS	821 WATERSIDE DR., #102	
CITY-ST-ZIP	VENICE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SERPE, EUGENE	
STREET ADDRESS	841 WATERSIDE DR., #102	
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 checked="" type="checkbox"/> DELETE
NAME	BARNETT, BILL	
STREET ADDRESS	841 WATERSIDE DRIVE #102	
CITY-ST-ZIP	VENICE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SENTIFF, SALLY	
STREET ADDRESS	811 WATERSIDE #205	
CITY-ST-ZIP	VENICE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WAGMAN, JAN	
STREET ADDRESS	831 WATERSIDE DR., #108	
CITY-ST-ZIP	VENICE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D CARR, JAMES
4.3 STREET ADDRESS	801 Waterside Drive #104
4.4 CITY-ST-ZIP	VENICE FL 34292
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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 as an attachment with an address.

SIGNATURE STEPHEN A. Mitchell 1-26-98

CR2E037 (10/97)