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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N50439

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

08/19/1992

23 City & State

27 City & State

4. FEI Number

Applied For

24 Zip

Country

28 Zip

Country

65-0388535

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

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 617.0502 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

C. Michael Martinello

1-5-99

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 DELETE
 NAME **VP**
 STREET ADDRESS **CODDINGTON, JANE**
 CITY-ST-ZIP **821 WATERSIDE DR., #102**
VENICE FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE DELETE
 NAME **P**
 STREET ADDRESS **SERPE, EUGENE**
 CITY-ST-ZIP **841 WATERSIDE DR., #102**
VENICE FL

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME **DT**
 STREET ADDRESS **MITCHELL, STEPHEN**
 CITY-ST-ZIP **811 WATERSIDE DR #102**
VENICE FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D**
 STREET ADDRESS **CARR, JAMES**
 CITY-ST-ZIP **801 WATERSIDE DRIVE #104**
VENICE FL 34292

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME **D**
 STREET ADDRESS **SENTEFF, SALLY**
 CITY-ST-ZIP **811 WATERSIDE**
VENICE FL

5.1 TITLE Change Addition
 5.2 NAME **EUGENE SERPE**
 5.3 STREET ADDRESS **606 BIRD BAY DR. S.**
 5.4 CITY-ST-ZIP **VENICE FL.**

TITLE DELETE
 NAME **S**
 STREET ADDRESS **WAGMAN, JAN**
 CITY-ST-ZIP **831 WATERSIDE DR., #106**
VENICE FL

6.1 TITLE Change 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen Mitchell

4-29-99

944-493-0287

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)