

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90020 002 \*\*\*\*61.25

**DOCUMENT # N50439**

1. Entity Name

**WATERSIDE AT BIRD BAY VILLAGE CONDOMINIUM ASSOCI**

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0388535

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name *SunVast Management & Services Inc.*  
 Street Address (P.O. Box Number is Not Acceptable)  
*606 Bird Bay Dr South*  
 City *Venice* FL Zip Code *34292*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Nancy Parris, Manager* NANCY PARRIS MANAGER 4-25-00  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	CODDINGTON, JANE	
STREET ADDRESS	821 WATERSIDE DR., #102	
CITY-ST-ZIP	VENICE FL	
TITLE	P	<input checked="" 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	CARR, JAMES	
STREET ADDRESS	801 WATERSIDE DRIVE #104	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	SENTIFF, EUGENE	
STREET ADDRESS	606 BIRD BAY DR S	
CITY-ST-ZIP	VENICE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WAGMAN, JAN	
STREET ADDRESS	831 WATERSIDE DR., #106	
CITY-ST-ZIP	VENICE FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DeChiara, Tony	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *STEPHEN MITCHELL* Stephen Mitchell 4/25/2000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)