FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 12, 2001 8:00 am Secretary of State DOCUMENT # **N50439** 1. Entity Name WATERSIDE AT BIRD BAY VILLAGE CONDOMINIUM ASSOCI 04-12-2001 90005 042 \*\*\*\*61.25 Mailing Address Principal Place of Business 606 BIRD BAY DR S 606 BIRD BAY DR S VENICE FL 34292 VENICE FL 34292 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0388535 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SUNVAST MANAGEMENT SERVICES, INC. 606 BIRD BAY DR S VENICE FL 34292 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. $\Delta b D$ ☐ Addition Delete TITLE TITLE CODDINGTON, JANE NAME NAME 821 WATERSIDE DR., #102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **VENICE FL** Addition SD Delete ☐ Change AD TITLE TITLE MILLIE GARD 606 BIRD BAY D SERPE, EUGENE NAME NAME 841 WATERSIDE DR., #102 STREET ADDRESS STREET ADDRESS YENICE IFL 34292-VENICE FL CITY-ST-7IP- -CITY-ST-ZIP-Delete Addition SD Change TITLE TITLE DECHIARA, TONY FRANK EHRHARDT NAME NAME 811 WATERSIDE DR #102 STREET ADDRESS STREET ADDRESS 606 BIRD CITY-ST-ZIP CITY-ST-ZIP **VENICE FL** YENICE K Change ☐ Addition TITLE ☐ Delete TITLE SENTIFF, EUGENE NAME NAME 606 BIRD BAY DR S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **VENICE FL** CITY-ST-71P $\overline{a}$ $\overline{9}$ Change ☐ Addition ☐ Delete TITLE WAGMAN, JAN NAME NAME STREET ADDRESS 831 WATERSIDE DR., #106 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>3/5/0/</u>

941-485-2663 Daytime Phone #