## 2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 700165** 

Entity Name: BIRD KEY HOMEOWNERS ASSOCIATION, INC.

**FILED** Mar 14, 2024 Secretary of State 7872408695CC

## **Current Principal Place of Business:**

BIRD KEY HOMEOWNERS ASSOCIATION 100 BIRD KEY DRIVE SARASOTA, FL 34236

## **Current Mailing Address:**

BIRD KEY HOMEOWNERS ASSOCIATION 100 BIRD KEY DRIVE SARASOTA, FL 34236 US

FEI Number: 59-0952687 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

100 BIRD KEY DRIVE

BIALOSKY, DAVID BIRD KEY HOMEOWNERS ASSOCIATION 100 BIRD KEY DRIVE SARASOTA, FL 34236 US

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: DAVID BIALOSKY 03/14/2024

> Electronic Signature of Registered Agent Date

Officer/Director Detail:

**PRESIDENT** Title Title **TREASURER** 

Name BIALOSKY, DAVID Name ELDRIDGE, CHARLES

**BIRD KEY HOMEOWNERS BIRD KEY HOMEOWNERS** Address Address **ASSOCIATION ASSOCIATION** 

100 BIRD KEY DRIVE 100 BIRD KEY DRIVE

SARASOTA FL 34236 SARASOTA FL 34236 City-State-Zip: City-State-Zip:

Title SECRETARY Title **VP** 

VORSELEN, CRAIG Name KESLER, ALAN Name

**BIRD KEY HOMEOWNERS** Address **BIRD KEY HOMEOWNERS** Address

> ASSOCIATION ASSOCIATION

100 BIRD KEY DRIVE 100 BIRD KEY DRIVE

City-State-Zip: SARASOTA FL 34236 City-State-Zip: SARASOTA FL 34236

Title DIRECTOR Title DIRECTOR

Name WINTERS, RANDALL Name CHRISMAN, ROGER

**BIRD KEY HOMEOWNERS BIRD KEY HOMEOWNERS** Address Address

> **ASSOCIATION ASSOCIATION**

100 BIRD KEY DRIVE 100 BIRD KEY DRIVE

City-State-Zip: SARASOTA FL 34236 City-State-Zip: SARASOTA FL 34236

Title DIRECTOR Title **DIRECTOR** CAMRUD, JULI DIETER, JOHN Name Name

Address **BIRD KEY HOMEOWNERS** Address **BIRD KEY HOMEOWNERS ASSOCIATION** 

**ASSOCIATION** 100 BIRD KEY DRIVE

City-State-Zip: SARASOTA FL 34236 City-State-Zip: SARASOTA FL 34236

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

03/14/2024 SIGNATURE: DAVID BIALOSKY RA