

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700165

**FILED**  
**Mar 18, 2020**  
**Secretary of State**  
**1377401306CC**

**Entity Name:** BIRD KEY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

100 BIRD KEY DRIVE  
SARASOTA, FL 34236

**Current Mailing Address:**

100 BIRD KEY DRIVE  
SARASOTA, FL 34236

**FEI Number:** 59-0952687

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAURIE, JOHN  
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:** JOHN LAURIE

03/18/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LAURIE, JOHN  
Address        100 BIRD KEY DRIVE  
City-State-Zip: SARASOTA FL 34236

Title            DIRECTOR  
Name            POELKE, DAVID  
Address        100 BIRD KEY DRIVE  
City-State-Zip: SARASOTA FL 34236

Title            TREASURER AND SECRETARY  
Name            SHANTZ, CHRISTINA  
Address        100 BIRD KEY DRIVE  
City-State-Zip: SARASOTA FL 34236

Title            DIRECTOR  
Name            VORSELEN, CRAIG  
Address        100 BIRD KEY DRIVE  
City-State-Zip: SARASOTA FL 34236

Title            DIRECTOR  
Name            CARLSON, ALLYN  
Address        100 BIRD KEY DRIVE  
City-State-Zip: SARASOTA FL 34236

Title            DIRECTOR  
Name            MCNULTY, BILL  
Address        100 BIRD KEY DR  
City-State-Zip: SARASOTA FL 34236

Title            DIRECTOR  
Name            GOLDFARB, ED  
Address        100 BIRD KEY DRIVE  
City-State-Zip: SARASOTA FL 34236

Title            V, VP  
Name            RENDANO, VICTOR  
Address        100 BIRD KEY DRIVE  
City-State-Zip: SARASOTA FL 34236

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*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.*

**SIGNATURE:** JOHN LAURIE

RA

03/18/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           GOCKENBACH, DONALD  
Address        100 BIRD KEY DRIVE  
City-State-Zip: SARASOTA FL 34236

Title           DIRECTOR  
Name           ROBLE, ROSANNE  
Address        100 BIRD KEY DRIVE  
City-State-Zip: SARASOTA FL 34236