

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700165

**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:**

RENCE, PHIL T  
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:** PHIL RENCE

04/13/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RENCE, PHIL T  
Address        100 BIRD KEY DRIVE  
City-State-Zip: SARASOTA FL 34236

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

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

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

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

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

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

Title            VICE PRESIDENT AND TREASURER  
Name            SORRENTINO, ANTHONY  
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:** PHIL RENCE

**PRESIDENT**

04/13/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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