2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2025
Secretary of State
7602371820CC

DOCUMENT# 727870

Entity Name: BIRD BAY LEISURE, INC.

Current Principal Place of Business:

612 BIRD BAY DRIVE, S.
VENICE, FL 34285

Current Mailing Address:

C/O ASSOCIA GULF COAST
9887 4TH STREET N SUITE 104
ST. PETERSBURG, FL 33702 US

FEI Number: 59-1547594

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIA GULF COAST
C/O ASSOCIA GULF COAST
9887 4TH STREET N SUITE 104
ST. PETERSBURG, FL 33702 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: SHERILYN CRAIG 04/29/2025

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	TREASURER
Name	NARDONE, ROBERT	Name	DU, TERRY LA
Address	C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104	Address	C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702
Title	DIRECTOR	Title	DIRECTOR
Name	SHEFFAR, MICHAEL	Name	WAY, LORI VAN
Address	C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104	Address	C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702
Title	DIRECTOR	Title	DIRECTOR
Name	PETERSEN, AMBER	Name	FIESER, SHARON
Address	C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104	Address	C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702
Title	DIRECTOR	Title	DIRECTOR
Name	HART, ROBERT	Name	BALDWIN, TWILA
Address	C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104	Address	C/O ASSOCIA GULF COAST 9887 4TH STREET N SUITE 104
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702

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: NARDONE , ROBERT PRESIDENT 04/29/2025

Electronic Signature of Signing Officer/Director Detail — Date