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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001484 (2)

1. Corporation Name  
BIRCH POINTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
2701 WEST OAKLAND PARK BLVD. SUITE 300 FT. LAUDERDALE FL 33311  
2701 WEST OAKLAND PARK BLVD. SUITE 300 FT. LAUDERDALE FL 33311-1330

3. Date Incorporated or Qualified 03/18/1996  
3a. Date of Last Report 0

2. Principal Place of Business 21 301. N. Birch Rd  
Suite, Apt. #, etc. 22 Apt # 3. South  
City & State 23 Ft. Lauderdale  
Zip 24 33304 Country 25 Broward  
2a. Mailing Address 26  
Suite, Apt. #, etc. 27 same  
City & State 28  
Zip 29 Country 30

4. FEI Number 65-0659848  
Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
COKER, RICHARD G JR  
1318 S.E. 2ND AVENUE  
FT. LAUDERDALE FL

10. Name and Address of New Registered Agent  
81 Name George L. Desztics  
82 Street Address (P.O. Box Number is Not Acceptable) 301. N. Birch Rd  
83 Apt # 3. South.  
84 City Ft. Lauderdale FL 85 Zip Code 33304

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE George Desztics Manager, Jerald Pelin 1-6-97.  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHIFF, MICHAEL A	
STREET ADDRESS	2701 W. OAKLAND OARK BLVD. SUITE 300	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BRADY, JAMES C	
STREET ADDRESS	1318 S.E. 2ND AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33318	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COKER, RICHARD G JR	
STREET ADDRESS	1318 S.E. 2ND AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33318	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D. President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alvia Katz	
1.3 STREET ADDRESS	301. N. Birch Rd Apt # 9N.	
1.4 CITY-ST-ZIP	Ft. Lauderdale 33304	
2.1 TITLE	D. Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Terry Markers	
2.3 STREET ADDRESS	301. N. Birch Rd Apt # 4N.	
2.4 CITY-ST-ZIP	Ft. Lauderdale 33304	
3.1 TITLE	D. Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Lacy	
3.3 STREET ADDRESS	301. N. Birch Rd Apt # 5. N.	
3.4 CITY-ST-ZIP	Ft. Lauderdale Fl. 33304	
4.1 TITLE	D. Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Straw Kaufman	
4.3 STREET ADDRESS	301. N. Birch Rd Apt. 7. N.	
4.4 CITY-ST-ZIP	Ft. Lauderdale #8. 33304.	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jerald Pelin George Desztics 1-6-97. 760-4308  
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0034553

CR2E037 (9/96)