


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 28 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 301 N. BIRCH RD. APT. 3 SOUTH FT. LAUDERDALE FL 33304 US	Mailing Address 2701 WEST OAKLAND PARK BLVD. SUITE 300 FT. LAUDERDALE FL 33311
--	--

3. Date Incorporated or Qualified
03/18/1996

4. FEI Number
65-0659848

Applied For	
Not Applicable	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**DESZTICS, GEORGE L.
301 N. BIRCH RD.
APT. 3 SOUTH
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KATZ, ALVIN	
STREET ADDRESS	301 N. BIRCH RD., APT. 9N	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MARRERO, TERRY	
STREET ADDRESS	301 N. BIRCH RD., APT. 4N	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LACY, JOHN	
STREET ADDRESS	301 N. BIRCH RD., APT. 5N	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KAUFARAU, STUART	
STREET ADDRESS	301 N. BIRCH RD., APT. 7N	
CITY-ST-ZIP	FORT LAUDERDALE FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Edward DeLuca
4.3 STREET ADDRESS	301 N. Birch Rd.
4.4 CITY-ST-ZIP	Fl. Lauderdale Fl. 33304
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Glenn Dealk
5.3 STREET ADDRESS	301 N. Birch Rd.
5.4 CITY-ST-ZIP	Fl. Lauderdale Fl. 33304
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 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: *Alvin Katz* SIGNATURE REQUIRED: **ALVIN KATZ 1-15-98 (954) 760-4308**

CR2E037 (10/97)