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Secretary of State

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ANNUAL REPORT
1999



Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000001484**
1. Corporation Name
Birch Pointe Condominium Association Inc.

Principal Place of Business Mailing Address
**BIRCH POINTE CONDOMINIUM
301 N. Birch Road
FL Lauderdale, FL 33304**

2. Principal Place of Business 954 760-4308 Mailing Address
3. Date Incorporated or Qualified
5-10-1996

21 Suite, Apt. #, etc. **BIRCH POINTE CONDOMINIUM** 26 Suite, Apt. #, etc. **BIRCH POINTE CONDOMINIUM**
4. FEI Number **65-0659848** Applied For
Not Applicable

22 City & State **301 N. Birch Road FL Lauderdale, FL 33304** 27 City & State **301 N. Birch Road FL Lauderdale, FL 33304**
5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip **954 760-4308** 28 Zip **954 760-4308**
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 25 29 30
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

SAME

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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	President <input type="checkbox"/> DELETE
NAME	Alvin Katz "D"
STREET ADDRESS	301 N. Birch Rd. Ft. Lauderdale
CITY-ST-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE
NAME	John Lacy "D"
STREET ADDRESS	same
CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Terry Kelly "D"
STREET ADDRESS	same
CITY-ST-ZIP	
TITLE	Board Member <input type="checkbox"/> DELETE
NAME	George Moore "D"
STREET ADDRESS	same
CITY-ST-ZIP	
TITLE	Board Member <input type="checkbox"/> DELETE
NAME	Ed DeLuca "D"
STREET ADDRESS	same
CITY-ST-ZIP	
TITLE	Board Member <input type="checkbox"/> DELETE
NAME	Ernie Chapman
STREET ADDRESS	Board Member
CITY-ST-ZIP	same

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: George V. D... 6-8-99 (954) 760-4308
Date Daytime Phone #