

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90149 019 ****61.25

DOCUMENT # N96000001484

1. Entity Name

BIRCH POINTE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**BIRCH POINTE CONDOMINIUM
 301 N. BIRCH RD
 FT. LAUDERDALE FL 33304
 US**

**BIRCH POINTE CONDOMINIUM
 301 N. BIRCH RD
 FT. LAUDERDALE FL 33304-4282
 US**

605232



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0659848

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD KATZ, ALVIN**
 STREET ADDRESS **301 N. BIRCH RD., APT. 9N**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE Change Addition
 NAME **D. George Moore**
 STREET ADDRESS **301 N. Birch Rd Apt # 6. N.**
 CITY-ST-ZIP **Ft. Lauderdale Fl. 33304**

TITLE Delete
 NAME **VPD MARRERO, TERRY**
 STREET ADDRESS **301 N. BIRCH RD., APT. 4N**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD LACY, JOHN**
 STREET ADDRESS **301 N. BIRCH RD., APT. 5N**
 CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD DELUCA, EDWARD**
 STREET ADDRESS **301 N BIRCH RD**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33304**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D BEALL, GLENN**
 STREET ADDRESS **301 N BIRCH RD**
 CITY-ST-ZIP **FT LAUDERDALE FL 33304**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Katz
SIGNATURE REQUIRED
 Signature and typed or printed name of signing officer or director: **John Katz President / 1-15-00 (954) 760-4308**

Date

Daytime Phone #

CR2E037 (9/99)