


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000001484
 1. Entity Name
 BIRCH POINTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
 BIRCH POINTE CONDOMINIUM BIRCH POINTE CONDOMINIUM
 301 N. BIRCH RD 301 N. BIRCH RD
 FT. LAUDERDALE, FL 33304 US FT. LAUDERDALE, FL 33304 US



01092006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 65-0659848 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 BOUVIER, THOMAS R
 301 N. BIRCH RD.
 APT. 3 SOUTH
 FT. LAUDERDALE, FL 33304

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KATZ, ALVIN
STREET ADDRESS	301 N. BIRCH RD., APT. 9N
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	D
NAME	KALTMAN, JAY
STREET ADDRESS	301 BIRCH RD APT 10N
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	SD
NAME	DELUCA, EDWARD
STREET ADDRESS	301 N BIRCH RD
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	D
NAME	HEMPHILL, BARRY
STREET ADDRESS	301 N BIRCH RD APT 5N
CITY-ST-ZIP	FT LAUDERDALE, FL 33304
TITLE	VPD
NAME	FRIEDLAUDER, ROBERT
STREET ADDRESS	301 N BIRCH ROAD APT 10S
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/01/06-80030-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Alvin Katz ALVIN KATZ 2/15/06 9547604308
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #