


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000001484

1. Entity Name
BIRCH POINTE CONDOMINIUM ASSOCIATION, INC.



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

DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0659848	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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**

DO NOT WRITE IN THIS SPACE

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, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KATZ, ALVIN 301 N. BIRCH RD., APT. 9N FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KALTMAN, JAY 301 BIRCH RD APT 10N FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DELUCA, EDWARD 301 N BIRCH RD FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMPHILL, BARRY 301 N BIRCH RD APT 5N FT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FRIEDLAUDER, ROBERT 301 N BIRCH ROAD APT 105 FORT LAUDERDALE, FL 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000586860
 01/17/07-80001-025 61.25

DO NOT WRITE IN THIS SPACE

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** 1/16/07 9842604388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

President