2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001484

FILED Jaņ 13, 2<u>00</u>9 Secretary of State

Entity Name: BIRCH POINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: BIRCH POINTE CONDOMINIUM 301 N. BIRCH RD FT. LAUDERDALE, FL 33304 **New Mailing Address: Current Mailing Address:** BIRCH POINTE CONDOMINIUM 301 N. BIRCH RD FT. LAUDERDALE, FL 33304 US FEI Number: 65-0659848 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BOUVIER, THOMAS R KATZ, ALVIN 301 N. BIRCH RD. 301 N. BIRCH RD. APT. 9N APT. 3 SOUTH FT. LAUDERDALE, FL 33304 US FT. LAUDERDALE, FL 33304 US 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: ALVIN KATZ 01/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KATZ, ALVIN Name: Name: 301 N. BIRCH RD., APT. 9N Address: Address: City-St-Zip: FT. LAUDERDALE, FL City-St-Zip: Title: Title: () Delete () Change () Addition KALTMAN, JAY Name: Name: Address: 301 BIRCH RD APT 10N Address: City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: Title: () Delete Title: () Change () Addition DELUCA, EDWARD Name: Name: Address: 301 N BIRCH RD Address: City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: Title: () Delete Title: () Change () Addition Name: HEMPHILL, BARRY Name: 301 N BIRCH RD APT 5N Address: Address: City-St-Zip: FT LAUDERDALE, FL 33304 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition FRIEDLAUDER, ROBERT FRIEDLANDER, ROBERT Name: Name: 301 N BIRCH ROAD APT 105 301 N BIRCH ROAD APT 105 Address: Address: City-St-Zip: FORT LAUDERDALE, FL 33304 City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALVIN KATZ PD 01/13/2009