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FILED
May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725355 (2)

1. Corporation Name
BIRCH SQUARE ASSOCIATION, INC.

Principal Place of Business 3003 TERRAMAR STREET FORT LAUDERDALE FL 33304	Mailing Address 3003 TERRAMAR STREET FORT LAUDERDALE FL 33304
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**SMART, DIANE G
3003 TERRAMAR STREET
BUSINESS OFFICE 2ND FL
FT LAUDERDALE FL 33304**

3. Date Incorporated or Qualified 01/22/1973
4. FEI Number 59-1498101
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BOVIN, ANNA	
STREET ADDRESS	3003 TERRAMAR ST #902	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, ELAINE	
STREET ADDRESS	3003 TERRAMAR STREET, #805	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMART, DIANE	
STREET ADDRESS	3003 TERRAMAR STREET, #1601	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	STREET, JOHN	
STREET ADDRESS	3003 TERRAMAR STREET, #601	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WORTHINGTON, STEVE	
STREET ADDRESS	600 N. BIRCH ROAD, #702	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, JAMES	
STREET ADDRESS	3003 TERRAMAR STREET #401	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gleim, David	
1.3 STREET ADDRESS	3003 Terramar St #1201	
1.4 CITY-ST-ZIP	Ft Lauderdale FL	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Heater, Tamara	
2.3 STREET ADDRESS	600 N. Birch Road #404	
2.4 CITY-ST-ZIP	FT LAUDERDALE FL	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	OSTERMAN, VERA	
3.3 STREET ADDRESS	600 N BIRCH ROAD #401	
3.4 CITY-ST-ZIP	FT LAUDERDALE FL	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STREET, JOHN	
4.3 STREET ADDRESS	3003 TERRAMAR STREET, #601	
4.4 CITY-ST-ZIP	FT LAUDERDALE, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LICHTMAN, PETER	
5.3 STREET ADDRESS	3003 TERRAMAR STREET, #203	
5.4 CITY-ST-ZIP	FT LAUDERDALE FL	
6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MITCHELL, JAMES	
6.3 STREET ADDRESS	3003 TERRAMAR STREET	
6.4 CITY-ST-ZIP	FT LAUDERDALE FL	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), 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.

SIGNATURE: _____

CR2E037 (10/97)