

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90027 026 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725355 ✓

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/22/1973	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1498101	
24 Country		30 Country		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	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SMART, DIANE G 3003 TERRAMAR STREET BUSINESS OFFICE 2ND FL FT LAUDERDALE FL 33304				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL	
				85 Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GLEIM, DAVID			1.2 NAME	Smart, Diane G		
STREET ADDRESS	3003 TERRAMAR ST, #1201			1.3 STREET ADDRESS	3003 Terramar Street, #1601		
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 CITY-ST-ZIP	Fort Lauderdale, FL		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HEATER, TAMARA			2.2 NAME	Kozlowski, Eric		
STREET ADDRESS	600 N BIRCH ROAD, #404			2.3 STREET ADDRESS	3003 Terramar Street, #1502		
CITY-ST-ZIP	FT. LAUDERDALE FL			2.4 CITY-ST-ZIP	FT. Lauderdale, FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	OSTERMAN, VERA			3.2 NAME	Verdile, Vincent		
STREET ADDRESS	600 N BIRCH ROAD, #401			3.3 STREET ADDRESS	600 N. Birch Road, #202		
CITY-ST-ZIP	FT. LAUDERDALE FL			3.4 CITY-ST-ZIP	FT. Lauderdale, FL		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STREET, JOHN			4.2 NAME	Karlin, Edward		
STREET ADDRESS	3003 TERRAMAR STREET, #601			4.3 STREET ADDRESS	3003 Terramar Street, #1703		
CITY-ST-ZIP	FT. LAUDERDALE FL			4.4 CITY-ST-ZIP	FT. Lauderdale, FL		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LITCHMAN, PETER			5.2 NAME	Maccarone, Carmen		
STREET ADDRESS	3003 TERRAMAR STREET, #203			5.3 STREET ADDRESS	609 Breakers Avenue, #2		
CITY-ST-ZIP	FT. LAUDERDALE FL			5.4 CITY-ST-ZIP	FT. Lauderdale, FL		
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE	VP, T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MITCHELL, JAMES			6.2 NAME	Street, John		
STREET ADDRESS	3003 TERRAMAR STREET #401			6.3 STREET ADDRESS	3003 Terramar Street, #601		
CITY-ST-ZIP	FT LAUDERDALE FL			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 119.07(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, with all other like empowered.

SIGNATURE:

John B. Street

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954 504 2494

CR2E037 (5/99)