

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90437 045 ****64.25

DOCUMENT # 725355

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1498101

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Minella, Dennis

Street Address (P.O. Box Number is Not Acceptable)

3003 Terramar Street, #704

City

Fort Lauderdale

FL

33304

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SMART, DIANE G	
STREET ADDRESS	3003 TERRAMAR ST #1601	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DINSMORE, CHUCK	
STREET ADDRESS	3003 TERRAMAR STREET 901	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LICHTMAN, PETER	
STREET ADDRESS	3003 TERRAMAR STREET 1703	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	STREET, JOHN	
STREET ADDRESS	3003 TERRAMAR STREET, #601	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	VERDILE, VINCENT	
STREET ADDRESS	600 N BIRCH ROAD 202	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MITCHELL, JAMES	
STREET ADDRESS	3003 TERRAMAR STREET #401	
CITY-ST-ZIP	FT LAUDERDALE FL	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Minella, Dennis	
STREET ADDRESS	3003 Terramar St #704	
CITY-ST-ZIP	FT Lauderdale FL	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dinsmore, Chuck	
STREET ADDRESS	3003 Terramar Street #1201	
CITY-ST-ZIP	Fort Lauderdale, FL 33304	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arrastia, Jorge	
STREET ADDRESS	3003 Terramar Street, #1504	
CITY-ST-ZIP	Fort Lauderdale, FL 33304	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Di Rutigliano, Terry	
STREET ADDRESS	600 N. Birch Road, #306	
CITY-ST-ZIP	Fort Lauderdale, FL 33304	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Verdile, Vincent	
STREET ADDRESS	600 N. Birch Road 202	
CITY-ST-ZIP	FT. Lauderdale, FL 33304	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cotugno, Mark	
STREET ADDRESS	600 N. Birch Road, #602	
CITY-ST-ZIP	Fort Lauderdale, FL 33304	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(3)(f), Florida Statutes. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)