


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N49981 1. Entity Name BIRCH PARK FINGER STREETS ASSOCIATION, INC.	
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FILED

06 OCT 26 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1995 EAST OAKLAND PARK BLVD, STE 105 FT LAUDERDALE, FL 33306	Mailing Address 1995 EAST OAKLAND PARK BLVD, STE 105 FT LAUDERDALE, FL 33306
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2. Principal Place of Business 3321 NE 16 STREET	3. Mailing Address 3304 NE 16 COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.



10232006 Chg-NP CR2E037 (4/06)

City & State FORT LAUDERDALE, FLORIDA	City & State FORT LAUDERDALE, FLORIDA	4. FEI Number 65-0354048	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33304	Country USA	Zip 33305	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MORRISON, RICHARD W. 1995 EAST OAKLAND PARK BLVD, STE 105 FT LAUDERDALE, FL 33306	7. Name and Address of New Registered Agent Name TIBERIO, SHARON Street Address (P.O. Box Number is Not Acceptable) 3304 NE 16 COURT City FORT LAUDERDALE FL Zip Code 33305
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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: Sharon Tiberio **SHARON TIBERIO, TREASURER, DIRECTOR** 10-23-06

(NOTE: Registered Agent signature required when registering)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRISON, RICHARD W. 1995 EAST OAKLAND PARK BLVD, STE 105 FT LAUDERDALE, FL 33306	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONALDSON, BRIAN 3321 NE 16 STREET FORT LAUDERDALE, FLORIDA 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MEYERS, MOLLIE MCCLURE 1541 N. ATLANTIC BLVD. FT LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHAPIRO BARRY 3300 NE 15 COURT FORT LAUDERDALE, FLORIDA 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEISS, MARLENE 3320 N.E. 16TH CT. FT LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIBERIO, SHARON 3304 NE 16 COURT FORT LAUDERDALE, FLORIDA 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANGE, STEPHEN P. 7 S.E. 13 AREWWR FT LAUDERDALE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAYOR, DEBRA 3315 NE 14 COURT FORT LAUDERDALE, FLORIDA 33304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCHAR, RICHARD 4401 W TRADEWINDS AVE. LAUDERDALE-BY-THE-SEA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700081256127 10/26/06--01043--008 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Sharon Tiberio **SHARON TIBERIO** 10-23-06 (954)564-1593

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