

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N49981

**Entity Name:** BIRCH PARK BEACH H.O.A., INC.**Current Principal Place of Business:**3304 NE 16 COURT  
FT. LAUDERDALE, FL 33305**Current Mailing Address:**P.O. BOX 480383  
FORT LAUDERDALE, FL 33348-0383 US**FEI Number: 65-0354048****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TIBERIO, SHARON R  
3304 NE 16 COURT  
FORT LAUDERDALE, FL 33305 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	DONALDSON, BRIAN
Address	P.O. BOX 480373
City-State-Zip:	FORT LAUDERDALE FL 33348

Title	TD
Name	TIBERIO, SHARON
Address	3304 NE 16 COURT
City-State-Zip:	FT LAUDERDALE FL 33305

Title	DIRECTOR
Name	MYEROW, DEAN
Address	3330 NE 15 COURT
City-State-Zip:	FORT LAUDERDALE FL 33304

Title	DIRECTOR
Name	ELDREDGE, ROBERT
Address	3316 NE 18 STREET
City-State-Zip:	FORT LAUDERDALE FL 33305

Title	VD
Name	WERLANG, JORGE
Address	3308 NE 17 COURT
City-State-Zip:	FT LAUDERDALE FL 33305

Title	DIRECTOR
Name	SORGENTE, GUSTAVO
Address	3321 NE 14 COURT
City-State-Zip:	FT LAUDERDALE FL 33304

Title	DIRECTOR
Name	SCHOLES, JEFF
Address	3306 NE 17 STREET
City-State-Zip:	FORT LAUDERDALE FL 33305

Title	DIRECTOR
Name	GREENE, DONNA
Address	3322 NE 16 PLACE
City-State-Zip:	FORT LAUDERDALE FL 33305

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: SHARON R. TIBERIO****REGISTERED AGENT****02/27/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR, SECRETARY
Name	COUTO, KIM
Address	3324 NE 15 STREET
City-State-Zip:	FORT LAUDERDALE FL 33304