## **2023 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

FILED Mar 30, 2023

**Secretary of State** 

3522947931CC

Officer/Director Detail:

Title PD Title VD

NameDONALDSON, BRIANNameWERLANG, JORGEAddressP.O. BOX 480373Address3308 NE 17 COURT

City-State-Zip: FORT LAUDERDALE FL 33348 City-State-Zip: FT LAUDERDALE FL 33305

Title TD Title DIRECTOR

NameTIBERIO, SHARONNameSORGENTE, GUSTAVOAddress3304 NE 16 COURTAddress3321 NE 14 COURT

City-State-Zip: FT LAUDERDALE FL 33305 City-State-Zip: FT LAUDERDALE FL 33304

TitleDIRECTORTitleDIRECTORNameMYEROW, DEANNameSCHOLES, JEFFAddress3330 NE 15 COURTAddress3306 NE 17 STREET

City-State-Zip: FORT LAUDERDALE FL 33304 City-State-Zip: FORT LAUDERDALE FL 33305

Title DIRECTOR Title DIRECTOR

NameELDREDGE, ROBERTNameGREENE, DONNAAddress3316 NE 18 STREETAddress3322 NE 16 PLACE

City-State-Zip: FORT LAUDERDALE FL 33305 City-State-Zip: FORT LAUDERDALE FL 33305

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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: DR. SHARON R. TIBERIO

REGISTERED AGENT

03/30/2023

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