## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001484

Entity Name: BIRCH POINTE CONDOMINIUM ASSOCIATION, INC.

FILED Feb 12, 2024 Secretary of State 8163980971CC

## **Current Principal Place of Business:**

8751 W BROWARD BLVD SUITE 400 PLANTATION, FL 33324

## **Current Mailing Address:**

P. O. BOX 19439

PLANTATION, FL 33318 US

FEI Number: 65-0659848 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MAGILL, LISA ESQ. 1200 PARK CENTRAL BLVD SOUTH POMPANO BEACH, FL 33064 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: LISA MAGILL 02/12/2024

Electronic Signature of Registered Agent Date

City-State-Zip:

City-State-Zip:

Name

Address

STEVENS POINT WI 54481

FT. LAUDERDALE FL 33304

AWTREY, WARREN

301 N BIRCH RD. #75

Officer/Director Detail:

 Title
 DIRECTOR, PRESIDENT
 Title
 DIRECTOR, VP

 Name
 GALLO, JUAN
 Name
 SCHIERL, FRITZ

 Address
 301 N BIRCH RD
 Address
 2201 MADISON ST

#PHN

City-State-Zip: FT. LAUDERDALE FL 33304

Title DIRECTOR, SECRETARY

Name SCHIERL, BILL
Address 2201 MADISON ST

City-State-Zip: STEVENS POINT WI 54481

Title DIRECTOR

Name PASSEN, DORA

Address 301 N BIRCH RD

9N

City-State-Zip: FT. LAUDERDALE FL 33304

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: GALLO, JUAN

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

02/12/2024

Date