

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001484

Entity Name: BIRCH POINTE CONDOMINIUM ASSOCIATION, INC.

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

02/07/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | | | |
|-----------------|------------------------------|-----------------|-----------------------------|
| Title | DIR/PRES | Title | DIR/SEC, TREASURER |
| Name | KELLY, MICHAEL J | Name | SIEFF, DAVID |
| Address | 301 N. BIRCH ROAD APT. 4N | Address | 301 N. BIRCH ROAD APT 6N |
| City-State-Zip: | FT. LAUDERDALE FL 33304 | City-State-Zip: | FT. LAUDERDALE FL 33304 |
| Title | DIRECTOR, VP | | |
| Name | GALLO, JUAN | | |
| Address | 301 N BIRCH RD #PHN | | |
| 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: MICHAEL KELLY

PRESIDENT

02/07/2020

Electronic Signature of Signing Officer/Director Detail

Date