

**2022 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  
POMPAÑO 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

03/21/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, TREASURER  
Name KELLY, MICHAEL J  
Address 301 N. BIRCH ROAD  
APT. 4N  
City-State-Zip: FT. LAUDERDALE FL 33304

Title DIRECTOR, PRESIDENT  
Name GALLO, JUAN  
Address 301 N BIRCH RD  
#PHN  
City-State-Zip: FT. LAUDERDALE FL 33304

Title DIRECTOR, VP  
Name SCHIERL, FRITZ  
Address 2201 MADISON ST  
City-State-Zip: STEVENS POINT WI 54481

Title DIRECTOR, SECRETARY  
Name SCHIERL, BILL  
Address 2201 MADISON ST  
City-State-Zip: STEVENS POINT WI 54481

Title DIRECTOR  
Name AWTREY, WARREN  
Address 301 N BIRCH RD. #75  
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

PRESIDENT

03/21/2022

Electronic Signature of Signing Officer/Director Detail

Date