

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000001484

**FILED**  
**Jan 08, 2013**  
**Secretary of State**  
**CC5098198125**

**Entity Name:** BIRCH POINTE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

BIRCH POINTE CONDOMINIUM  
301 N. BIRCH RD  
FT. LAUDERDALE, FL 33304

**Current Mailing Address:**

BIRCH POINTE CONDOMINIUM  
301 N. BIRCH RD  
FT. LAUDERDALE, FL 33304 US

**FEI Number: 65-0659848**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KATZ, ALVIN  
301 N. BIRCH RD.  
APT. 9N  
FT. LAUDERDALE, FL 33304 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 KATZ, ALVIN  
Address 301 N. BIRCH RD., APT. 9N  
City-State-Zip: FT. LAUDERDALE FL

Title D  
Name KALTMAN, JAY  
Address 301 BIRCH RD APT 10N  
City-State-Zip: FORT LAUDERDALE FL 33304

Title SD  
Name DELUCA, EDWARD  
Address 301 N BIRCH RD  
City-State-Zip: FORT LAUDERDALE FL 33304

Title D  
Name HEMPHILL, BARRY  
Address 301 N BIRCH RD APT 5N  
City-State-Zip: FT LAUDERDALE FL 33304

Title VPD  
Name FRIEDLANDER, ROBERT  
Address 301 N BIRCH ROAD APT 105  
City-State-Zip: FORT 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: ALVIN KATZ**

**PRESIDENT**

**01/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date