## **2006 FOR PROFIT CORPORATION**

## Apr 05, 2006 8:00 am Secretary of State **ANNUAL REPORT** 04-05-2006 90160 047 \*\*\*150.00 **DOCUMENT #192243** BIRCH COOPERATIVE APARTMENTS INC 20025178 Principal Place of Business Mailing Address 711 BAYSHORE DR. 1605 NE 17 AVE FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33305 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 03152006 Applied For City & State City & State 4. FEI Number 59-0969099 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PERRY, CHARLES B. Street Address (P.O. Box Number is Not Acceptable) 1605 N.E. 17 AVE. FT.FT. LAUDERDALE, FL 33305 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 V.P. Secret A D. Change Add T. Phillip Sous A J. Change D. Change D. Add T. Phillip Sous A J. Change D. Change 10. OFFICERS AND DIRECTORS 11. Addition TITLE Delete TITLE 24 OBSELVATION POINT DR. MURRAY, HUGH NAME NAME 711 BAYSHORE DR #301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33304 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE PERRY, CHARLES NAME STREET ADDRESS 1605 NE 17TH AVE STREET ADDRESS FORT LAUDERDALE, FL 33304 CITY-ST-ZIP CITY-ST-ZIP D. cector ☐ Change Addition TITLE **Deleta** TITLE william G. Perry +202 NAME MURRAY, SANDRA NAME STREET ADDRESS 5849 NW 38TH ST STREET ADDRESS CITY-S1-ZIP FORT LAUDERDALE, FL 33308 CITY-ST-ZIP .6 Aug. FL. 33304 J. Philip Sous A III TITLE Change **Addition** Delete TITLE NAME 711 3/7 shark DR- #103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IB

STREET ADDRESS

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Charles B. Perry

4-2-06

**FILED** 

Daytime Phone #