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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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Feb 05, 1996 08:00 AM

Secretary of State

Jun 24/496 603/6321764

1996

SIGNATURE:

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BIRCH-K PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address % JOHN F. FLANIGAN % JOHN F. FLANIGAN 625 N. FLAGLER DRIVE 625 N. FLAGLER DRIVE WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 3. Date Incorporated or Qualified 3a. Date of Last Report 07/07/1983 07/18/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For NOT APPLICABLE 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Zιρ Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FLANIGAN, JOHN F. 82 Street Address (P.O. Box Number is Not Acceptable) 625 N. FLAGER DR 9TH FLR. 83 WEST PALM BEACH FL 33401 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. (NOTE: Registered Agent signature required when renistating) Signature, typed or printed name of registered agent and title if applicable DATE (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE TITLE ΡĎ 1.1 THUE NAME **BRANT, PETER** 1.2 NAME **CR2E037 80 FIELD POINT ROAD** STREET ADDRESS 1.3 STREET ADDRESS **GREENWICH CT** CITY - ST-ZIP 1.4 CITY - ST - 7IP TIFLE DELETE 2.1 TITLE ■ Addition KWIATKOWSKI, HENRYK DE NAME 2.2 NAME 30 ROCKEFELLER PLAZA STREET ADDRESS 2.3 STREET ADDRESS **NEW YORK NY** CITY ST-ZIP 2 4 CITY - ST - ZIP DELETE Change ☐ Addition TITLE 31 TITLE ELEBASH, PETER H. NAME 3.2 NAME 11360 FORTUNE CIR #E-4 STREET ADDRESS 3 3 STREET ADORESS W. PALM BEACH FL CITY-ST-ZIP 3 4 CITY-ST-ZIP DELETE Change Addition T:TLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-Z-P DELETE Change 5.1 TITLE Addition TIFLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - S1 - ZIP CITY - ST- ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oats; 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 in Block 12 or Block 13 if changed, or on an algorithment with an address.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR