## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 769271**

Corporation Name

BIRCH'K PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business % JOHN F. FLANIGAN 625 N. FLAGLER DRIVE WEST PALM BEACH FL 33401 Mailing Address

% JOHN F. FLANIGAN 625 N. FLAGLER DRIVE WEST PALM BEACH FL 33401

## FILED May 10, 1999 8:00 am § Secretary of State

05-10-1999 90300 002 \*\*\*\*61.25

540784 - 90300 - 8 4 4



— ·	Principal Place of Business		2a. Mailing Address				1	<ol> <li>Date Incorporated or Qualifed 07/07/1983</li> </ol>				
21		26	uite, Apt. #, etc.				- 1	4. FEI Number			Ani	olied For
Suite, Apt.	#, etc.	<del> </del> 1	une, Apr. #, etc.					NOT APPLICABLE			<u> </u>	Applicable
22		27	ity & State			<u></u>		7707771			\$8.75 A	·
City & State			28				1	5. Certifcate of Status Desired			Fee Re	
Zip	Country	Zip Country				- 1	6. Election Campaign Financing			\$5.00	May Be	
24	25	29	30			Trust Fund Contribution		Trust Fund Contribution			Added to	o Fees
9. Name and Address of Current Registered Agent							1	0. Name and Address of New	Regis	tered A	gent	
						Name						
ELANDOAN TOUNE					82 Street Address (P.O. Box Number is Not Acceptable)							
FLANIGAN, JOHN F.					ا20	Street Auc	uress	(F.O. BOX NUMBER IS NOT Accept	auie)			}
625 N. FLAGER DR 9TH FLR.					83						·	
WEST PALM BEACH FL 33401											T**   *	
				- 1	84	City				FL	85 Zip (	
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, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNATURE    Slopeture_breed_or_content_name_of_registered_agent and title_if_applicable. (NOTE: Registered Agent signature_required_when reinstating)  DATE												
	Signature, typed or printed name of registered agent			: Registered /	•gent	signature requi	Jired whe	ADDITIONS/CHANGES TO OF			DIRECTO	RS IN 12
12.	OFFICERS AND	DIRECT	DELETE	1,1 TITI		··· }					Change	Addition
TITLE	PD		C) OCCETE			Ì						
NAME	BRANT, PETER M			1.2 NA								1
STREET ADDRESS	2785 POLO FULAND DR UNIT J	301				ADDRESS						j
CITY-ST-ZIP	WEST PALM BEACH FL 06830	<del></del>		1.4 CIT		-ZIP					Change	[ ] Addition
TITLE	יוט –				2.1 TITLE						Consulac	
NAME	kwiatkowski, Henryk de	,		2.2 NA	-	1						1
STREET ADDRESS	30 ROCKEFELLER PLAZA			2.3 ST	REET	ADDRESS						ĺ
CITY-ST-ZIP	NEW YORK NY			2. 4 CF	TY-\$1	-ZIP					Chanas	- Addition
TITLE	SD		☐ DELETE	3.1 111	LE.						Change	☐ Addition
NAME	ELEBASH, PETER H.			3.2 NA	ME							
STREET ADDRESS	11360 FORTUNE CIR #E-4			3.3 STI	REET	ADDRESS						
CITY-ST-ZIP	W. PALM BEACH FL			3.4. CI	TY-\$1	r-ZIP						
TITLE			☐ DELETE	4.1 TIT	LE						Change	Addition
NAME				4.2 NA	ME							
STREET ADORESS				4.3 STI	REET	ADDRESS						
CITY-ST-ZIP				4.4 CIT	Y-ST	-ZIP						
TITLE			☐ DELETE	5.1 TIT	LE						Change	Addition
NAME		-		5.2 NA	ME							
STREET ADORESS				5.3 STI	REET	ADDRESS						
CITY-ST-ZIP				5.4 CIT	Y-ST	-ZIP						
TITLE			☐ DELETE	6.1 111	LF.				. –		☐ Change	☐ Addition
NAME				6.2 NA	ME							
STREET ADDRESS				6.3 ST	REET	ADDRESS						
CITY-ST-ZIP				6.4 CIT	Y-ST	-ZIP					_	
OIT I - OI - AIF	l							<del></del>			14 . Ale -4 Ale - 1	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 in Block 12 or Block 13 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE:

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10 /99 563-112 Date Daytime Phone # :R2E037 (11/98)