2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000006769

FILED Aug 01, 2006 Secretary of State

Entity Name: BIRCHWOOD FOREST HOMEOWNERS ASSOCIATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 779 E MERRITT ISLAND CSWY 4511 SUGARBERRY LANE TITUSVILLE, FL 32796 **PMB 753** MERRITT ISLAND, FL 32952 **New Mailing Address: Current Mailing Address:** 779 E MERRITT ISLAND CSWY 4511 SUGARBERRY LANE PMB 753 TITUSVILLE, FL 32796 MERRITT ISLAND, FL 32952 FEI Number: 20-1278170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HAFIZI, HAMID DANIELS, KATHY 779 E MERRITT ISLAND CSWY PMB 753 4511 SUGARBERRY LANE MERRITT ISLAND, FL 32952 TITUSVILLE, FL 32796 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: KATHY DANIELS 08/01/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change (X) Addition DANIELS, KATHY Name: Name: Address: Address: 4511 SUGARBERRY LANE City-St-Zip: City-St-Zip: TITUSVILLE, FL 32796 Title: Title: () Change (X) Addition () Delete Name: Name: CASE, KENT Address: Address: 4520 SUGARBERRY LANE City-St-Zip: City-St-Zip: TITUSVILLE, FL 32796 Title: () Delete Title: () Change (X) Addition STEVENSON, GARY Name: Name: 4480 SUGARBERRY LANE Address: Address: City-St-Zip: City-St-Zip: TITUSVILLE, FL 32796 Title: () Delete Title: () Change (X) Addition Name: Name: WRIGHT, BOB 4380 SUGARBERRY LANE Address: Address: City-St-Zip: City-St-Zip: TITUSVILLE, FL 32796 Title: () Delete Title: () Change (X) Addition YAEGER, KATHY Name: Name: 4471 SUGARBERRY LANE Address: Address: City-St-Zip: City-St-Zip: TITUSVILLE, FL 32796

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KATHY DANIELS Ρ 08/01/2006