

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N03000006769

FILED
Oct 06, 2009
Secretary of State

Entity Name: BIRCHWOOD FOREST HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4511 SUGARBERRY LANE
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

4511 SUGARBERRY LANE
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 20-1278170 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DANIELS, KATHY
4511 SUGARBERRY LANE
TITUSVILLE, FL 32796 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: KATHY DANIELS

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WRIGHT, LINDA
Address: 4380 SUGARBERRY LANE
City-St-Zip: TITUSVILLE, FL 32796

Title: T () Delete
Name: DANIELS, KATHY
Address: 4511 SUGARBERRY LANE
City-St-Zip: TITUSVILLE, FL 32796

Title: VP () Delete
Name: LEARNED, DANIEL
Address: 4580 SUGARBERRY LANE
City-St-Zip: TITUSVILLE, FL 32796

Title: VP () Delete
Name: STOCKMAN, BILL
Address: 4401 SUGARBERRY LANE
City-St-Zip: TITUSVILLE, FL 32796

Title: VP () Delete
Name: DODSON, SHAWN
Address: 4400 SUGARBERRY LANE
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MANUS, JIM
Address: 4431 SUGARBERRY LANE
City-St-Zip: TITUSVILLE, FL 32796

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

T

10/06/2009

Electronic Signature of Signing Officer or Director

Date