

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR



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

OK AIR

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FILED
96 OCT 21 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N10106**

1. Corporation Name

BIRCHWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

120 E. NORTH BLVD. 120 North Blvd E. 120 E. NORTH BLVD. 120 North Blvd E.
LEESBURG FL 34748 LEESBURG FL 34748



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07/09/1985	
City & State		City & State		5. FEI Number	
Zip		Zip		59-2614264	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
	COE, ERIC	120 E. NORTH BLVD. 120 North Blvd E.	LEESBURG FL 34748
ST	MANNING, JON	918 W. DIXIE AVE.	LEESBURG FL 34748
D	Owen, Jack	1111 W. Dixie Avenue	Leesburg, FL 34748
Eric Coe authorized 3rd director to be written in on 10/23			

[Signature]
10/23/96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COE, ERIC 120 E. NORTH BLVD. 120 North Blvd E. LEESBURG FL 34748		Name	
		Street Address (P.O. Box Number is not acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/12/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/96

Date

352
728-5116
Daytime Phone

CR2E040 (7/96)

ERIC H. COE, M.D., P.A.

Internal Medicine & Cardiology
120 North Boulevard East
Leesburg, Florida 34748

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Mailing Address
120 North Boulevard East
Leesburg, Florida 34748

(904) 728-2999
FAX (904) 728-5928

October 17, 1996

Division of Corporations
Attn: Leslie Sellars
P.O. Box 6327
Tallahassee, FL 32314

RE: DOCUMENT #: N10106
BIRCHWOOD HOMEOWNERS ASSOCIATION, INC.

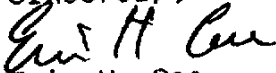
Dear Ms. Sellars:

As per your request, I am enclosing a new check in the amount of \$61.25 along with the form.

Apparently, the original form was never received at my office. It was sent to 120 E. North Blvd. and the correct address is 120 North Blvd. E.

I appreciate your help in this matter. Thank you.

Sincerely,


Eric H. Coe

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **96000070035**
 1. Corporation Name
COASTAL PIPELINE, INC.

Principal Place of Business Mailing Address
23358-E S.W. 55th AVE. BOCA RATON, FL 33433 **2617 N.W. 17th LANE POMPANO BEACH, FL 33064**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	3a.	Date of Last Report
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		65-0609096		9/12/95
23	City & State	27	City & State	5.	Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees
	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NORBERT S. HEINZ 54 N.E. 4th AVENUE DELRAY BEACH, FL 33483				81	Name	JEFFREY R. LIEFER	
				82	Street Address (P.O. Box Number is Not Acceptable)	23358-E S.W. 55th AVE.	
				83			
				84	City	BOCA RATON	FL
				85	Zip Code	33433	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: 10/11/96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input type="checkbox"/> DELETE	1.1	TITLE	PRESIDENT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		1.2	NAME	JEFFREY R. LIEFER			
STREET ADDRESS		1.3	STREET ADDRESS	23358-E S.W. 55th AVE.			
CITY-ST-ZIP		1.4	CITY-ST-ZIP	BOCA RATON, FL 33433			
TITLE	<input type="checkbox"/> DELETE	2.1	TITLE	500001330229075	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		2.2	NAME	-10/30/96--01045--007			
STREET ADDRESS		2.3	STREET ADDRESS	*****61.25 *****61.25			
CITY-ST-ZIP		2.4	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> DELETE	3.1	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		3.2	NAME				
STREET ADDRESS		3.3	STREET ADDRESS				
CITY-ST-ZIP		3.4	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> DELETE	4.1	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		4.2	NAME				
STREET ADDRESS		4.3	STREET ADDRESS				
CITY-ST-ZIP		4.4	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> DELETE	5.1	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		5.2	NAME				
STREET ADDRESS		5.3	STREET ADDRESS				
CITY-ST-ZIP		5.4	CITY-ST-ZIP				
TITLE	<input type="checkbox"/> DELETE	6.1	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME		6.2	NAME				
STREET ADDRESS		6.3	STREET ADDRESS				
CITY-ST-ZIP		6.4	CITY-ST-ZIP				

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 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 attachment with an address.

SIGNATURE: *[Signature]* DATE: 9/12/96 DAY/TIME PHONE #: (561) 883-5573

CR2E034 (3/96)