

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

DOCUMENT # **N10106**

1. Corporation Name

BIRCHWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

120 E. NORTH BLVD.
LEESBURG FL 34748

120 North Blvd E.

120 E. NORTH BLVD.
LEESBURG FL 34748

120 North Blvd E.

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/1985

5. FEI Number

59-2614264

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
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

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
FL

Zip Code

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

9/12/96

352
728-5116

CR2E040 (7/96)

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

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

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

2
Mailing Address
120 North Boulevard East
Leesburg, Florida 34748

October 17, 1996

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

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

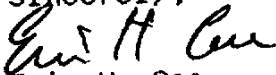
Dear Ms. Sellars:

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. Morham
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**

3. Date Incorporated or Qualified

9/12/95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0609096

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ 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
DEERAY 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 of principal officer or registered agent and title if applicable

(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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PRESIDENT ☐ Change ☐ Addition
JEFFREY R. LIEFER
23358-E S.W. 55th AVE.
BOCA RATON, FL 33433

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

500001330233075 ☐ Change ☐ Addition
-10/30/96--01045--007
*******61.25 *****61.25**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition
LFT 10-22-96

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/96

Date

(561) 883-5513

Daytime Phone #

CR2E034 (3/96)