

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10106

1. Entity Name

BIRCHWOOD HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

13333 ROSE HOLLOW WAY
ASTATULA, FL 34705

13333 ROSE HOLLOW WAY
Astatula, FL 34705

2. Principal Place of Business

13333 ROSE HOLLOW WAY

Suite, Apt. #, etc.

3. Mailing Address

13333 Rose Hollow Way

Suite, Apt. #, etc.

City & State

Astatula, FL

4. FEI Number

592614264

Applied For

Not Applicable

Zip

Country

Zip
34705

Country
LAKE

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Martini's MEDuffie
1020 Birchwood Ct
Leesburg, FL 34748

Name BERNARD MATHIS

Street Address (P.O. Box Number is Not Acceptable)

13333 ROSE HOLLOW WAY

City ASTATULA

FL

Zip Code
34705

8. 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

B Mathis Bernard Mathis

April 15, 2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to -
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President Delete
NAME Eric Coe
STREET ADDRESS 120 North Blvd, East
CITY-ST-ZIP Leesburg, FL 34788

TITLE D President Change Addition
NAME Bernard Mathis
STREET ADDRESS 13333 Rose Hollow Way
CITY-ST-ZIP Astatula, FL 34705

TITLE Secretary/Treasurer Delete
NAME Jon Manning
STREET ADDRESS 918 W. Dixie Ave.
CITY-ST-ZIP Leesburg, FL 34788

TITLE D Secretary/Treasurer Change Addition
NAME ROSA NEWKIRK
STREET ADDRESS 34641 Radio Rd
CITY-ST-ZIP Leesburg, FL 347

TITLE Delete

TITLE D Change Addition
NAME Anna M. Mathis - Vice Pres.
STREET ADDRESS 4400 W. Hwy 19-A
CITY-ST-ZIP Mount Dora, FL 32757

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with a signature with all other like empowered.

SIGNATURE:

B Mathis

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/25/01 (352) 516-1556

Daytime Phone #

CR2E037 (11/00)