

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N10106

FILED
Sep 03, 2002
Secretary of State

Entity Name: BIRCHWOOD HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13333 ROSE HOLLOW WAY
ASTATULA, FL 34705

New Principal Place of Business:

Current Mailing Address:

13333 ROSE HOLLOW WAY
ASTATULA, FL 34705

New Mailing Address:

FEI Number: 59-2614264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHIS, BERNARD
13333 ROSE HOLLOW WAY
ASTATULA, FL 34705

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MATHIS, BERNARD
Address: 13333 ROSE HOLLOW WAY
City-St-Zip: ASTATULA, FL 34705

Title: STD () Delete
Name: NEWKIRK, ROSA
Address: 34641 RADIO RD
City-St-Zip: LEESBURG, FL 34748

Title: VD () Delete
Name: MATHIS, ANNA M
Address: 4400 N HWY 19-A
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: BERNARD MATHIS

PD

09/03/2002

Electronic Signature of Signing Officer or Director

_____ Date