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FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N12193 (1)
1. Corporation Name
BIRCHWOOD I & II ASSOCIATION, INC.



Principal Place of Business: % PCM, P.O. BOX 741, MURDOCK FL 33938
Mailing Address: % PCM, P.O. BOX 741, MURDOCK FL 33938

3. Date Incorporated or Qualified: 11/20/1985
4. FEI Number: 59-2634968
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields including Suite, Apt. #, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: POSSEL, JOHN W., 4055 TAMAMI TRAIL, PORT CHARLOTTE 33952

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIS, GARY	1.2 NAME	
STREET ADDRESS	3653 SAN CARLOS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST JAMES CITY FL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIS, CHARLOTTE	2.2 NAME	
STREET ADDRESS	3653 SAN CARLOS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST JAMES CITY FL	2.4 CITY-ST-ZIP	
TITLE	↑	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIS, GARY	3.2 NAME	
STREET ADDRESS	3653 SAN CARLOS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST JAMES CITY FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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 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 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: _____

CR2E037 (10/97)