


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

07 APR -9 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12193 1. Entity Name BIRCHWOOD I & II ASSOCIATION, INC.	
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Principal Place of Business C/O ELITE PROPERTY MANAGEMENT 27392 WESTCHESTER BLVD PORT CHARLOTTE, FL 33980	Mailing Address C/O ELITE PROPERTY MANAGEMENT 27392 WESTCHESTER BLVD PORT CHARLOTTE, FL 33980
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2. Principal Place of Business - No P.O. Box # 24540 HARBORVIEW RD Suite, Apt. #, etc.	3. Mailing Address 100 Sullivan ST Suite, Apt. #, etc. 112
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City & State Port Charlotte FL Zip 33980	Country US	City & State Punta Gorda FL Zip 33950	Country US
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REINSTATEMENT

03/12/2007 12:09:09 (1/07)

6. Name and Address of Current Registered Agent KLINGLE, JOYCE 22392 WESTCHESTER BLVD PORT CHARLOTTE, FL 33980	7. Name and Address of New Registered Agent Name Joan Greene Street Address (P.O. Box Number is Not Acceptable) 100 Sullivan ST 112 City PUNTA GORDA FL Zip Code 33950
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Joan F. Greene JOAN F. GREENE 4-5-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete MALONEY, SEAN 24540 HARBORVIEW RD. PORT CHARLOTTE, FL 33980	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200097214552 04/17/07--01036--012 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete BORYSENKO, WALTER PO BOX 495719 PORT CHARLOTTE, FL 33980	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete NOLAN, WILLIAM 3980 ALIBI TER NORTH PORT, FL 34286	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete CARROLL, REBECCA 24540 HARBORVIEW RD PORT CHARLOTTE, FL 33980	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 an address with all other like empowered.

SIGNATURE: Walter Borysenko WALTER BORYSENKO 3-20-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #