

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2009
Secretary of State

DOCUMENT# N12193

Entity Name: BIRCHWOOD I & II ASSOCIATION, INC.

Current Principal Place of Business:

24540 HARBORVIEW ROAD
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

24540 HARBORVIEW ROAD
PORT CHARLOTTE, FL 33980 US

Current Mailing Address:

100 SULLIVAN STREET, #112
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 59-2634968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, JOAN
100 SULLIVAN STREET, #112
PUNTA GORDA, FL 33956 US

Name and Address of New Registered Agent:

GREENE, JOAN
100 SULLIVAN STREET, #112
PUNTA GORDA, FL 33950 US

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: _____

02/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MALONEY, SEAN
Address: 24540 HARBORVIEW RD.
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: SD () Delete
Name: BORYSENKO, WALTER
Address: PO BOX 495719
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: TD () Delete
Name: NOLAN, WILLIAM
Address: 3980 ALIBI TER
City-St-Zip: NORTH PORT, FL 34286

Title: PD (X) Delete
Name: CARROLL, REBECCA
Address: 24540 HARBORVIEW RD
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: MALONEY, SEAN
Address: 24540 HARBORVIEW RD.
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: SD (X) Change () Addition
Name: BORYSENKO, WALTER
Address: PO BOX 495719
City-St-Zip: PORT CHARLOTTE, FL 33980 US

Title: PD (X) Change () Addition
Name: SZUKALEWICZ, THOMAS
Address: 14757 LAKESHORE ROAD
City-St-Zip: KENT, NY 14477 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS SZUKALEWICZ

PRES

02/28/2009

Electronic Signature of Signing Officer or Director

Date