

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90145 045 ****61.25

DOCUMENT # N12193

1. Entity Name
BIRCHWOOD I & II ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% PCM
P.O. BOX 380741
MURDOCK FL 33938

% PCM
P.O. BOX 380741
MURDOCK FL 33938

20021805



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

90 Elite Property Mgmt
Suite, Apt. #, etc.
22392 Westchester Blvd

90 Elite Property Management
Suite, Apt. #, etc.
22392 Westchester Blvd

City & State
Port Charlotte, FL

City & State
Port Charlotte, FL

4. FEI Number **59-2634968**

Applied For
Not Applicable

Zip **33980**

Country **US**

Zip **33980**

Country **US**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POSSEL, JOHN W.
4055 TAMIAMI TRAIL
PORT CHARLOTTE FL 33952

Name *Joyce Klinge*

Street Address (P.O. Box Number is Not Acceptable)
22392 Westchester Blvd

City *Port Charlotte* **FL** Zip Code **33980**

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 *Joyce Klinge* *Joyce Klinge*

1/13/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **WEIS, GARY**
STREET ADDRESS **3653 SAN CARLOS DR**
CITY-ST-ZIP **ST JAMES CITY FL**

TITLE **D** Change Addition

TITLE **SD** Delete
NAME **WEIS, CHARLOTTE**
STREET ADDRESS **3653 SAN CARLOS DR**
CITY-ST-ZIP **ST JAMES CITY FL**

TITLE **P/D** Change Addition
NAME **Walter Bomsenko**
STREET ADDRESS **Po Box 495719**
CITY-ST-ZIP **Port Charlotte, FL 33949**

TITLE **T** Delete
NAME **WEIS, GARY**
STREET ADDRESS **3653 SAN CARLOS DR**
CITY-ST-ZIP **ST JAMES CITY FL**

TITLE **V/D** Change Addition
NAME **William Nolan, Jr**
STREET ADDRESS **3980 Alibi Ter.**
CITY-ST-ZIP **North Port, FL 34286**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S/D** Change Addition
NAME **Andreea Coblentz**
STREET ADDRESS **6295 Dunbarton St**
CITY-ST-ZIP **North Port, FL 34286**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T/D** Change Addition
NAME **Rebecca Carroll**
STREET ADDRESS **24540 Harborview Rd B-4**
CITY-ST-ZIP **Port Charlotte, FL 33980**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

1/27/03

900 426-0640

CR2E037 (10/02)