

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N49981 1. Entity Name BIRCH PARK FINGER STREETS ASSOCIATION, INC.					
Principal Place of Business 1995 EAST OAKLAND PARK BLVD, STE 105 FT LAUDERDALE, FL 33306				Mailing Address 1995 EAST OAKLAND PARK BLVD, STE 105 FT LAUDERDALE, FL 33306	
2. Principal Place of Business 3321 NE 16 STREET		3. Mailing Address 3304 NE 16 COURT		FILED 06 OCT 26 AM 11:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State FORT LAUDERDALE, FLORIDA		City & State FORT LAUDERDALE, FLORIDA			
Zip 33304	Country USA	Zip 33305	Country USA	4. FEI Number 65-0354048	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRISON, RICHARD W. 1995 EAST OAKLAND PARK BLVD, STE 105 FT LAUDERDALE, FL 33306				7. Name and Address of New Registered Agent Name TIBERIO, SHARON Street Address (P.O. Box Number is Not Acceptable) 3304 NE 16 COURT City FORT LAUDERDALE FL Zip Code 33305	
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 <u><i>Sharon Tiberio</i></u> SHARON TIBERIO, TREASURER, DIRECTOR 10-23-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE					
Amended AR 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 NAME MORRISON, RICHARD W. STREET ADDRESS 1995 EAST OAKLAND PARK BLVD, STE 105 CITY-ST-ZIP FT LAUDERDALE, FL 33306	☐ Delete		TITLE PD NAME DONALDSON, BRIAN STREET ADDRESS 3321 NE 16 STREET CITY-ST-ZIP FORT LAUDERDALE, FLORIDA 33304	☒ Change ☐ Addition	
TITLE VD NAME MEYERS, MOLLIE MCCLURE STREET ADDRESS 1541 N. ATLANTIC BLVD. CITY-ST-ZIP FT LAUDERDALE, FL	☐ Delete		TITLE VD NAME SHAPIRO, BARRY STREET ADDRESS 3300 NE 15 COURT CITY-ST-ZIP FORT LAUDERDALE, FLORIDA 33304	☒ Change ☐ Addition	
TITLE TD NAME WEISS, MARLENE STREET ADDRESS 3320 N.E. 16TH CT. CITY-ST-ZIP FT LAUDERDALE, FL	☐ Delete		TITLE TD NAME TIBERIO, SHARON STREET ADDRESS 3304 NE 16 COURT CITY-ST-ZIP FORT LAUDERDALE, FLORIDA 33305	☒ Change ☐ Addition	
TITLE SD NAME LANGE, STEPHEN P. STREET ADDRESS 7 S.E. 13 AREWWR CITY-ST-ZIP FT LAUDERDALE, FL	☐ Delete		TITLE SD NAME MAYOR, DEBRA STREET ADDRESS 3315 NE 14 COURT CITY-ST-ZIP FORT LAUDERDALE, FLORIDA 33304	☒ Change ☐ Addition	
TITLE D NAME BLANCHAR, RICHARD STREET ADDRESS 4401 W TRADEWINDS AVE. CITY-ST-ZIP LAUDERDALE-BY-THE-SEA, FL	☐ Delete		700081256127 10/26/06--01043--008 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u><i>Sharon Tiberio</i></u> SHARON TIBERIO 10-23-06 (954)564-1593 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					