

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000001484

1. Entity Name
BIRCH POINTE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**BIRCH POINTE CONDOMINIUM
301 N. BIRCH RD
FT. LAUDERDALE, FL 33304 US**

Mailing Address
**BIRCH POINTE CONDOMINIUM
301 N. BIRCH RD
FT. LAUDERDALE, FL 33304 US**



01092007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0659848

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOUVIER, THOMAS R
301 N. BIRCH RD.
APT. 3 SOUTH
FT. LAUDERDALE, FL 33304**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KATZ, ALVIN
STREET ADDRESS 301 N. BIRCH RD., APT. 9N
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE D
NAME KALTMAN, JAY
STREET ADDRESS 301 BIRCH RD APT 10N
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE SD
NAME DELUCA, EDWARD
STREET ADDRESS 301 N BIRCH RD
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE D
NAME HEMPHILL, BARRY
STREET ADDRESS 301 N BIRCH RD APT 5N
CITY-ST-ZIP FT LAUDERDALE, FL 33304

TITLE VPD
NAME FRIEDLAUDER, ROBERT
STREET ADDRESS 301 N BIRCH ROAD APT 105
CITY-ST-ZIP FORT LAUDERDALE, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000586660
01/17/07-80001-025 61.25

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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:

Alvin Katz ALVIN KATZ

1/10/07 984260438

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PRESIDENT