

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000007775

FILED
Apr 14, 2014
Secretary of State
CC6497195802

Entity Name: BIRCHWOOD PARKWAY COMMUNITY INC.

Current Principal Place of Business:

4504 SPRINGVIEW CIRCLE
LABELLE, FL 33935

Current Mailing Address:

4504 SPRINGVIEW CIRCLE
LABELLE, FL 33935 56

FEI Number: 46-0765220

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOLLINGSWORTH, JOHN T
4504 SPRINGVIEW CIRCLE
LABELLE, FL 33935 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name ZORN, C JACK
Address 4560 SPRINGVIEW CIRCLE
City-State-Zip: LABELLE FL 33935

Title VP D
Name PENN, DIANE K
Address 2251 FRONTIER CIRCLE
City-State-Zip: LABELLE FL 33935

Title S D
Name BASQUIN, JOAN B
Address PO BOX 1177
City-State-Zip: LABELLE FL 33975

Title T D
Name HOLLINGSWORTH, JOHN T
Address 4504 SPRINGVIEW CIRCLE
City-State-Zip: LABELLE FL 33935

Title D
Name FLINT, JOSEPH G
Address PO BOX 4004
City-State-Zip: MOORE HAVEN FL 33471

Title D
Name OWENS, LEON W
Address PO BOX 2659
City-State-Zip: LABELLE FL 33975

I hereby 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 all other like empowered.

SIGNATURE: JOHN T HOLLINGSWORTH

TD

04/14/2014

Electronic Signature of Signing Officer/Director Detail

Date