

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **749864** (5)

1. Corporation Name

**BRENTWOOD WEST TOWNHOUSES CONDOMINIUM ASSOCIATIO
N, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4150 S.W. 66TH TERR. 4150 S.W. 66TH TERR.
P.O. BOX 290656 P.O. BOX 290656
DAVIE FL 33329 DAVIE FL 33329

3. Date Incorporated or Qualified 11/20/1979 3a. Date of Last Report 04/29/1994
4. FEI Number 59-2082920 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired \$8.75 Additional Fee Required

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

22 City & State 27 City & State

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BECKER, POLIAKOFF & STREITFELD, P.A.
3111 STIRLING RD
FT. LAUDERDALE FL 33312-6525

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	AUGUSTINE, JACQUELYN
STREET ADDRESS	6569 S.W. 41 COURT
CITY - ST - ZIP	DAVIE FL 33314
TITLE	SD
NAME	MORENO, ANTHONY
STREET ADDRESS	4167 S.W. 66 TERRACE
CITY - ST - ZIP	DAVIE FL 33314
TITLE	TD
NAME	CHIMKO, LINDA
STREET ADDRESS	6517 S.W. 41 CT
CITY - ST - ZIP	DAVIE FL 33314
TITLE	VD
NAME	ORTEGA, YVONNE
STREET ADDRESS	4160 S.W. 66 WAY
CITY - ST - ZIP	DAVIE FL
TITLE	VD
NAME	STEWART, JAMES
STREET ADDRESS	6557 S.W. 41 COURT
CITY - ST - ZIP	DAVIE FL 33314
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	TD HENDERSON, KATHERINE
33 STREET ADDRESS	6509 SW 41 CT
34 CITY - ST - ZIP	DAVIE FL 33314
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	VD. SULLIVAN, FRANK
53 STREET ADDRESS	6501 SW 41 CT
54 CITY - ST - ZIP	DAVIE FL 33314
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anthony Moreno* ANTHONY MORENO, SECRETARY 4/28/95 (305) 584-2287