

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 749864 (5)
1. Corporation Name
BRENTWOOD WEST TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 11/20/1979
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-2082920
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: BECKER, POLIAKOFF & STREITFELD, P.A. 3111 STIRLING RD FT. LAUDERDALE FL 33312-6525
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SD
NAME	AUGUSTINE, JACQUELYN	1.2 NAME	STEWART, JAMES
STREET ADDRESS	6569 S.W. 41 COURT	1.3 STREET ADDRESS	6557 SW 41 C.T.
CITY-ST-ZIP	DAVIE FL 33314	1.4 CITY-ST-ZIP	DAVIE FL 33314
TITLE	SD	2.1 TITLE	
NAME	MORENO, ANTHONY	2.2 NAME	
STREET ADDRESS	4167 S.W. 66 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	HENDERSON, KATHERINE	3.2 NAME	
STREET ADDRESS	6509 SW 41 CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	ORTEGA, YVONNE	4.2 NAME	
STREET ADDRESS	4160 S.W. 66 WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	
NAME	SULLIVAN, FRANK	5.2 NAME	
STREET ADDRESS	6501 SW 41 CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 119.07(3)(k), 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: *James Stewart* 4-12-96 (954) 584-2297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)