


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 33329-0656
---	--

3. Date Incorporated or Qualified 11/20/1979	3a. Date of Last Report 04/18/1996
4. FEI Number 59-2082920	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City
FL B5. Zip Code

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		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	AUGUSTINE, JACQUELYN	
STREET ADDRESS	6569 S.W. 41 COURT	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEWART, JAMES	
STREET ADDRESS	6557 SW 41 CT	
CITY-ST-ZIP	DAVIE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HENDERSON, KATHERINE	
STREET ADDRESS	6509 SW 41 CT	
CITY-ST-ZIP	DAVIE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ORTEGA, YVONNE	
STREET ADDRESS	4180 S.W. 66 WAY	
CITY-ST-ZIP	DAVIE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, FRANK	
STREET ADDRESS	6501 SW 41 CT	
CITY-ST-ZIP	DAVIE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEWART, JAMES	
1.3 STREET ADDRESS	6557 SW 41 COURT	
1.4 CITY-ST-ZIP	DAVIE, FL 33314	
2.1 TITLE	SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HENDERSON, KATHERINE	
2.3 STREET ADDRESS	6509 SW 41 COURT	
2.4 CITY-ST-ZIP	DAVIE, FL. 33314	
3.1 TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AUGUSTINE, JACQUELYN	
3.3 STREET ADDRESS	6569 SW 41 COURT	
3.4 CITY-ST-ZIP	DAVIE, FL. 33314	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VICE PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	STEWART, DORIS V.	
5.3 STREET ADDRESS	6557 SW 41 COURT	
5.4 CITY-ST-ZIP	DAVIE, FL. 33314	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)