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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moraghan Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 P.O. Box 290656 27 Suite, Apt. #, etc. 28 DAVIE, FLORIDA 29 33314 30 BROWARD
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3. Date Incorporated or Qualified 11/20/1979	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	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 JOSEPH RIZZO, P.A.	82 Street Address (P.O. Box Number is Not Acceptable) 1790 N.W. 122nd TERRACE	83	84 City PENNAKOE PINES	85 FL	86 Zip Code 33026
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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 JOSEPH RIZZO, P.A. DATE 4/6/98

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AUGUSTINE, JACQUELYN 6569 S.W. 41 COURT DAVIE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STEWART, JAMES 6557 SW 41 CT DAVIE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENDERSON, KATHERINE 6509 SW 41 CT DAVIE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORTEGA, YVONNE 4160 S.W. 66 WAY DAVIE FL	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEWART, DORIS V. 6557 SW 41 CT DAVIE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	VPD HUGO BIRSTOK 4159 SW 66 TERRACE DAVIE, FL. 33314	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PRESIDENT DORIS V. STEWART 6557 SW 41 COURT DAVIE, FL. 33314	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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.

SIGNATURE: Doris V. Stewart, President DATE: 4/6/98 954-584-2287

CR2E037 (10/97)