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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 749864

1. Corporation Name
**BRENTWOOD WEST TOWNHOUSES CONDOMINIUM ASSOCIATIO
 N, INC.**

Principal Place of Business 4150 S.W. 66TH TERR. P.O. BOX 290656 DAVIE FL 33329	Mailing Address POB 290656 P.O. BOX 290656 DAVIE FL 33329 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/20/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2082920
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

RIZZO, PA J
1790 NW 122ND TERRACE
PEMBROKE PINES FL 3326

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	AUGUSTINE, JACQUELYN
STREET ADDRESS	6569 S.W. 41 COURT
CITY-ST-ZIP	DAVIE FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	BIRSTOK, HUGO
STREET ADDRESS	4159 SW 66 TERRACE
CITY-ST-ZIP	DAVIE-FL 33314
TITLE	SD <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	4160 S.W. 66 WAY
CITY-ST-ZIP	DAVIE FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	STEWART, DORIS V
STREET ADDRESS	6557 SW 41 CT
CITY-ST-ZIP	DAVIE FL 33314
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM T. WALL
1.3 STREET ADDRESS	4163 SW 66 TERRACE
1.4 CITY-ST-ZIP	DAVIE, FL. 33314
2.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAVID MOORE
2.3 STREET ADDRESS	6513 SW 41 COURT
2.4 CITY-ST-ZIP	DAVIE, FL. 33314
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** 3/17/99 954-584-2287
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (1/98)