

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90096 005 ****70.00

DOCUMENT # 749864

1. Entity Name

BRENTWOOD WEST TOWNHOUSES CONDOMINIUM ASSOCIATIO

Principal Place of Business

Mailing Address

4150 S.W. 66TH TERR.
 P.O. BOX 290656
 DAVIE FL 33329

POB 290656
 P.O. BOX 290656
 DAVIE FL 33329-0656
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2082920

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	WALL, WILLIAM T	
STREET ADDRESS	4163 SW 66 TERRACE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BIRSTOK, HUGO	
STREET ADDRESS	4159 SW 66 TERRACE	
CITY-ST-ZIP	DAVIE FL 33314	
TITLE	SD PRESIDENT	<input type="checkbox"/> Delete
NAME	HENDERSON, KATHERINE	
STREET ADDRESS	6509 SW 41 CT	
CITY-ST-ZIP	DAVIE FL	
TITLE	VD	<input checked="" 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	S VICE PRES.	<input type="checkbox"/> Delete
NAME	MOORE, DAVID	
STREET ADDRESS	6513 SW 41 COURT	
CITY-ST-ZIP	DAVIE FL 33314	

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONNA GRIFFIN	
STREET ADDRESS	6557 SW 41 COURT	
CITY-ST-ZIP	DAVIE, FL. 33314	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM MAHR	
STREET ADDRESS	6528 SW 41 PLACE	
CITY-ST-ZIP	DAVIE, FL. 33314	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* KATHERINE HENDERSON 5/1/00 954-584-2287
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)