

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-09-2001 90022 024 ****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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

Name

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

City

FL

Zip Code

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

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

T
WALL, WILLIAM T Delete
4163 SW 66 TERRACE
DAVIE FL 33314

HARR, WILLIAM (TREASURER) Change Addition
6528 SW 41 PLACE D
DAVIE FL.
33314

VPD
BIRSTOK, HUGO Delete
4159 SW 66 TERRACE
DAVIE FL 33314

Change Addition

SD
HENDERSON, KATHERINE Delete
6509 SW 41 CT
DAVIE FL

VICE PRES. - D Change Addition
HENDERSON, KATHERINE - D

VD
ORTEGA, YVONNE Delete
4160 S.W. 66 WAY
DAVIE FL

SECRETARY - D. Change Addition
LESCURIEUX, LIDIA D
4105 SW 66 WAY
DAVIE, FL. 33314

P
STEWART, DORIS V Delete
6557 SW 41 CT
DAVIE FL 33314

Change Addition

SD
MOORE, DAVID Delete
6513 SW 41 COURT
DAVIE FL 33314

PRESIDENT - D Change Addition
DAVID MOORE D

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 REQUIRED
DAVID MOORE

Date

4/5/01 954-584-2287

Daytime Phone #

CR2E037 (10/00)