

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-06-2002 90208 005 ****70.00

DOCUMENT # 749864

1. Entity Name

BRENTWOOD WEST TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4150 S.W. 66TH TERR.
 P.O. BOX 290656
 DAVIE FL 33328

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

Zip

Country

Zip

Country

4. FEI Number

59-2082920

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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 **JOSEPH RIZZO, ESQ.**

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

201 No. UNIVERSITY DRIVE

SUITE 103

City

PLANTATION

FL

Zip Code

33324

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

(NOTE: Registered Agent signature required when reinstating)

JOSEPH RIZZO

4/19/02

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 | TD | <input type="checkbox"/> Delete |
| NAME | HAHR, WILLIAM | |
| STREET ADDRESS | 6528 SW 41 PLACE D | |
| CITY-ST-ZIP | DAVIE FL 33314 | |
| TITLE | VPD | <input type="checkbox"/> Delete |
| NAME | BIRSTOK, HUGO | |
| STREET ADDRESS | 4159 SW 86 TERRACE | |
| CITY-ST-ZIP | DAVIE FL 33314 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | HENDERSON, KATHERINE | |
| STREET ADDRESS | 6509 SW 41 CT | |
| CITY-ST-ZIP | DAVIE FL | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | LESCURIEUX, LIDIA | |
| STREET ADDRESS | 4135 SW 66 WAY | |
| CITY-ST-ZIP | DAVIE FL 33314 | |
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | MOORE, DAVID | |
| STREET ADDRESS | 8513 SW 41 COURT | |
| CITY-ST-ZIP | DAVIE FL 33314 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|------------------------------|--|
| TITLE | SECRETARY | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROSEMARIE ST. AHARD | |
| STREET ADDRESS | 6501 SW 44 COURT | |
| CITY-ST-ZIP | DAVIE, FLA. 33314 | |
| TITLE | VICE PRESIDENT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BERNICE CHARLES WORTH | |
| STREET ADDRESS | 4137 SW 66 WAY | |
| CITY-ST-ZIP | DAVIE, FLA. 33314 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LESCURIEUX, LIDIA | |
| STREET ADDRESS | 4135 SW 66 WAY | |
| CITY-ST-ZIP | DAVIE, FL. 33314 | |
| 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 LIDIA LESCURIEUX, PRES. 4/18/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-584-2287

CR2E037 (9/01)