

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Apr 25, 2005 8:00 am
Secretary of State

03-23-2005 90022 044 ****70.00

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1st MOORE CR2E037 (10/04)

DOCUMENT # 749864 1. Entity 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 POB 290656 P.O. BOX 290656 DAVIE FL 33329 US			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-2082920 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent RIZZO, JOSEPH ESQ 201 NO UNIVERSITY DR STE 103 PLANTATION FL 33324				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DURBIN, SHIRLEY	NAME			
STREET ADDRESS	4155 SW 66 TERRACE	STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33314	CITY-ST-ZIP			
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ST AMAND, ROSEMARIE	NAME			
STREET ADDRESS	6501 SW 44 COURT	STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33314	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LESCURIEUX, LIDIA	NAME			
STREET ADDRESS	4135 SW 66 WAY	STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33314	CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHARLESWORTH, BERNICE	NAME			
STREET ADDRESS	4137 SW 66 WAY	STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33614	CITY-ST-ZIP			
TITLE	I <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZURHO, CHAD	NAME			
STREET ADDRESS	6558 SW 41 CT	STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33314	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: _____			Date: 4/20/05 Daytime Phone #: 954-584-7287		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		