

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90304 037 ****61.25



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
P.O. BOX 290656 P.O. BOX 290656
DAVIE FL 33329 DAVIE FL 33329
US



2. Principal Place of Business 3. Mailing Address
4150 SW 66 TERR **POB 290656**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DAVIE, FLA **DAVIE, FLA**
Zip Country Zip Country
33314 USA **33329**

4. FEI Number 59-2082920 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/05)

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 _____ (NOTE Registered Agent signature required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DURBIN, SHIRLEY 4155 SW 66 TERRACE DAVIE FL 33314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ST AMAND, ROSEMARIE 6501 SW 44 COURT DAVIE FL 33314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LESCURIEUX, LIDIA 4135 SW 66 WAY DAVIE FL 33314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHARLESWORTH, BERNICE 4197 SW 66 WAY DAVIE FL 33614 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZURHO, CHAD 6558 SW 41 CT DAVIE FL 33314 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP MICHELENE SIROTA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4166 S.W. 66 WAY DAVIE, FLA. 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOSE LOPEZ <input type="checkbox"/> Change <input type="checkbox"/> Addition 6554 S.W. 41 CT DAVIE, FLA 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Shirley Durbin **SHIRLEY DURBIN**