

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749864

FILED
Feb 02, 2009
Secretary of State

Entity Name: BRENTWOOD WEST TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4150 S.W. 66TH TERR.
FORT LAUDERDALE, FL 33314

New Principal Place of Business:

Current Mailing Address:

POB 290656
DAVIE, FL 33329 US

New Mailing Address:

FEI Number: 59-2082920 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EISINGER, BROWN, LEWIS, P.A
PRESIDENTIAL CIRCLE 4000 HOLLYWOOD BLVD.
SUITE 265 SOUTH
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

BETTS PROPERTY MANAGEMENT INC.
14902 SW 82 LANE
UNIT #202
MIAMI, FL 33193 US

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: DAVID E. BETTS

02/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: DUPUTEL, MYRAM
Address: 6568 SW 41 PLACE
City-St-Zip: DAVIE, FL 33314

Title: SD () Delete
Name: PARDO, HECTOR
Address: 6536 SW 41 COURT
City-St-Zip: DAVIE, FL 33314

Title: PD () Delete
Name: LESCURIEUX, LIDIA
Address: 4135 SW 66 WAY
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: DELUCA-SHUMATE, DEBBIE
Address: 4161 SW 66 LANE
City-St-Zip: DAVIE, FL 33314

Title: T () Delete
Name: ZURKO, CHAD
Address: 6558 SW 41 CT
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: CINTRON, NORMA
Address: 4165 SW 66 LANE
City-St-Zip: DAVIE, FL 33314

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. BETTS

MNGR

02/02/2009

Electronic Signature of Signing Officer or Director

Date