

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 JUL 24 AM 8:25**

NONPROFIT CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 751939 (0)**  
1. Corporation Name  
**BRENTWOOD MANORS PHASE I HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>PO BOX 130104 SUNRISE FL 33313</b>	Mailing Address <b>PO BOX 130104 SUNRISE FL 33313</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/09/1980</b>	3a. Date of Last Report <b>06/02/1994</b>
4. FEI Number <b>59-2438928</b>	4a. <input type="checkbox"/> Not Available <input checked="" type="checkbox"/> Available
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>FILING FEE IS \$61.25</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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9. Name and Address of Current Registered Agent  
**WINSTON, CHEN  
2690 N.W. 62 TERRACE  
SUNRISE FL 33313**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>WINSTON, CHEN</b> STREET ADDRESS <b>2690 N.W. 62 TERR.</b> CITY, ST, ZIP <b>SUNRISE FL 33313</b>	11. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>VD</b>	NAME <b>DORSEY, JOSEPH</b> STREET ADDRESS <b>5748 N.W. 48 DR.</b> CITY, ST, ZIP <b>CORAL SPRINGS FL 33067</b>	12. NAME 13. STREET ADDRESS 14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	NAME <b>WILLIAMS, AUDREY</b> STREET ADDRESS <b>6211 N.W. 26TH COURT</b> CITY, ST, ZIP <b>SUNRISE FL 33313</b>	21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>SD</b>	NAME <b>ATIZOL, MATILDE</b> STREET ADDRESS <b>2681 N.W. 62ND TERR.</b> CITY, ST, ZIP <b>SUNRISE FL 33313</b>	31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY, ST, ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY, ST, ZIP	41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY, ST, ZIP	51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME STREET ADDRESS CITY, ST, ZIP	61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Winston Chen (**WINSTON CHEN**) July 17, 1995 (Box) 748-4950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)