

**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)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # 751939 (0)

1. Corporation Name
BRENTWOOD MANORS PHASE I HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
PO BOX 130104 PO BOX 130104
SUNRISE FL 33313 SUNRISE FL 33313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/09/1980 3a. Date of Last Report 06/02/1994

4. FEI Number 59-2438928

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status FILING FEE IS \$61.25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 21 2a. Mailing Address 26
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 24 Country 25 28 Zip 29 Country 30

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PD
NAME WINSTON, CHEN
STREET ADDRESS 2690 N.W. 62 TERR.
CITY, ST, ZIP SUNRISE FL 33313

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE VD
NAME DORSEY, JOSEPH
STREET ADDRESS 5748 N.W. 48 DR.
CITY, ST, ZIP CORAL SPRINGS FL 33067

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE TD
NAME WILLIAMS, AUDREY
STREET ADDRESS 6211 N.W. 26TH COURT
CITY, ST, ZIP SUNRISE FL 33313

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

TITLE SD
NAME ATIZOL, MATILDE
STREET ADDRESS 2681 N.W. 62ND TERR.
CITY, ST, ZIP SUNRISE FL 33313

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
SECRETARY
Williams, Audrey
6211 NW 26th Ct
SUNRISE, FL 33313

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

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, (305) 748-4950

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E037 (3/95)