

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 25 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 PO BOX 130104 SUNRISE FL 33313	Mailing Address PO BOX 130104 SUNRISE FL 33313
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 04/09/1980	3a. Date of Last Report 06/18/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2438928	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

B1 Name
CARLOS E. IRIGOYEN

B2 Street Address (P.O. Box Number Is Not Acceptable)
2611 NW 62 TERRACE

B3

B4 City
SUNRISE

FL B5 Zip Code
33313

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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]*
 Signature, typed or printed name of registered agent and, where applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	Winston, Chen 2690 N.W. 62 TERR. SUNRISE FL 33313	1.1 TITLE PD	CARLOS E. IRIGOYEN
NAME		1.2 NAME	2611 NW 62 TERRACE
STREET ADDRESS		1.3 STREET ADDRESS	SUNRISE FL 33313
CITY-ST-ZIP		1.4 CITY-ST-ZIP	SUNRISE FL 33313
TITLE VD	DORSEY, JOSEPH 5748 N.W. 48 DR. CORAL SPRINGS FL 33067	2.1 TITLE VD	PIERRE SIMONOU
NAME		2.2 NAME	2680 NW 62 TERRACE
STREET ADDRESS		2.3 STREET ADDRESS	SUNRISE FL 33313
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE TD	WILLIAMS, AUDREY 6211 N.W. 28TH COURT SUNRISE FL 33313	3.1 TITLE TD	ANNIE GREEN
NAME		3.2 NAME	6250 NW 26 CT
STREET ADDRESS		3.3 STREET ADDRESS	SUNRISE FL 33313
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE S	WILLIAMS, AUDREY 6211 NW 28TH CT SUNRISE FL	4.1 TITLE S	JOSEPH DORSEY
NAME		4.2 NAME	5748 NW 48 DR
STREET ADDRESS		4.3 STREET ADDRESS	CORAL SPRING FL 33067
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *[Signature]* SIGNATURE REQUIRED: *[Signature]* 8/18/97 (854)846 1234

CR2E037 (4/97)