


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90326 013 ****61.25

DOCUMENT # 751939

1. Entity 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**

24046238



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04022004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**BAKALAR, BROUGH & CHADROW PA
 150 S PINE ISLAND RD SUITE 540
 PLANTATION, FL 33324**

4. FEI Number
59-2438928

Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is **\$61.25** Due by **May 1, 2004**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DORSEY, JOSEPH 6200 NW 26TH COURT SUNRISE, FL 33313 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RITCHIE, JEREMIAH 2651 N.W. 62nd. TERRACE, SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHEN, WINSTON 2690 NW 62ND TERR SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER (ELECTED) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JACKSON, ROOSEVELT JR. 6240 N.W. 26th COURT, SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IRIGOYEN, CARLOS 2611 NW 26TH TERR SUNRISE, FL 33313 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD MEMBER (ELECTED) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STEADMAN, CARLEEN 2671, N.W. 62nd. TERRACE, SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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: *Winston Chen* **4/13/2004** **954-748-4950**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #