


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # 751939
1. Entity 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



05012006 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
59-2438928 Not Applicable

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

6. Name and Address of Current Registered Agent
BAKALAR & EICHNER, P.A.
150 S PINE ISLAND RD SUITE 540
PLANTATION, FL 33324

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 6, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RITCHIE, JEREMIAH 2651 NW 62ND TERR. SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHEN, WINSTON 2690 NW 62ND TERR SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S IRIGOYEN, CARLOS 2611 NW 26TH TERR SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM JACKSON, ROOSEVELT JR. 6240 NW 26TH COURT SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM STEADMAN, CARLEEN 2671 NW 62ND TERR. SUNRISE, FL 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000560263
05/18/06-80031-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 J.P. 5/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #