
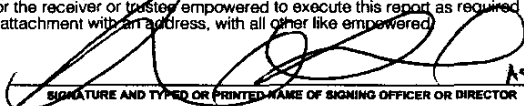


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90108 045 ****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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BAKALAR & EICHNER, P.A. 150 S PINE ISLAND RD SUITE 540 PLANTATION, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITCHIE, JEREMIAH		NAME	WINSTON CHEN	
STREET ADDRESS	2651 NW 62ND TERR.		STREET ADDRESS	2690 NW 62 TERRACE	
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEN, WINSTON		NAME		
STREET ADDRESS	2690 NW 62ND TERR		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRIGOYEN, CARLOS		NAME		
STREET ADDRESS	2611 NW 26TH TERR		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, ROOSEVELT JR		NAME		
STREET ADDRESS	6240 NW 26TH COURT		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEADMAN, CARLEEN		NAME		
STREET ADDRESS	2671 NW 62ND TERR.		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33313		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 		AS REGISTERED AGENT		1/18/07 954-475	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone # 4244	

