


**FILED**  
**May 28, 2008 8:00 am**  
**Secretary of State**

05-28-2008 90009 031 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION  
 ANNUAL REPORT**

<b>DOCUMENT # 751939</b> 1. Entity Name <b>BRENTWOOD MANORS PHASE I HOMEOWNERS          ASSOCIATION, INC.</b>	
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Principal Place of Business <del>PO BOX 130104</del> <b>SUNRISE, FL 33313</b> <del>P.O. Box 451744,</del> <b>SUNRISE, FL 33345</b>	Mailing Address <del>PO BOX 130104</del> <b>SUNRISE, FL 33313</b> <del>P.O. Box 451744,</del> <b>SUNRISE, FL 33345</b>
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**40105420**



04252008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2438928</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$61.25          Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHEN, WINSTON 2690 NW 62ND TERRACE 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	

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 IN THIS SPACE**

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* (WINSTON CHEN Y.P.) **4/27/2008** 954-748-4950  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #