


FILE NOW: FILING FEE IS \$61.25

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Jan 27 1998 8:00am

Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005695 (1)**

1. Corporation Name

**BRENTWOOD FARMS PROPERTY OWNERS ASSOCIATION, INC**



Principal Place of Business

Mailing Address

2050 N. BWD CIRCLE  
LECANTO FL 34461

2050 N. BWD CIRCLE  
LECANTO FL 34461

3. Date Incorporated or Qualified

**11/17/1994**

4. FEI Number

**59-3278531**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ABEL, ERIC D ESQ  
2450 N. CITRUS HILLS BLVD.  
HERNANDO FL 34442

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TAMPOSI, STEPHEN A	
STREET ADDRESS	2450 N. CITRUS HILLS BLVD.	
CITY-ST-ZIP	HERNANDO FL 34442	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	PASTOR, JOHN D	
STREET ADDRESS	2050 N. BRENTWOOD CIR.	
CITY-ST-ZIP	LECANTO FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SPENCE, SUZANNE	
STREET ADDRESS	2050 N. BRENTWOOD CIR.	
CITY-ST-ZIP	LECANTO FL 34461	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BAZEMORE, LISA	
STREET ADDRESS	2450 N CITRUS HILLS BLVD	
CITY-ST-ZIP	HERNANDO FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

*Steph A. Tamposi*  
**REQUIRED PRESIDENT, 1/15/98 352-746-6121**

CR2E037 (10/97)