

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90371 010 \*\*\*\*61.25

**DOCUMENT # N94000005695**

1. Entity Name  
**BRENTWOOD FARMS PROPERTY OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**24746 N ESSEX AVE  
HERNANDO, FL 34442**

Mailing Address  
**24746 N ESSEX AVE  
HERNANDO, FL 34442**

**60044067**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03162006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-3278531**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABEL, ERIC D ESQ  
2476 N ESSEX AVENUE  
HERNANDO, FL 34442**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 PD ☐ Delete  
NAME ABEL, ERIC D  
STREET ADDRESS 2476 N ESSEX AVENUE  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE **DIRECTOR** ☐ Change ☒ Addition  
NAME **BILL WILSON**  
STREET ADDRESS **1855 W. CRYSTAL MAE PATH**  
CITY-ST-ZIP **LECANTO FL 34461**

TITLE TD ☐ Delete  
NAME PASTOR, JOHN D  
STREET ADDRESS 2476 N ESSEX AVENUE  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME CRAIG, AVIS M  
STREET ADDRESS 2476 N ESSEX AVENUE  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME DRISKILL, DEB  
STREET ADDRESS 2476 N ESSEX AVENUE  
CITY-ST-ZIP HERNANDO, FL 34442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FITZSIMMONS, KAY  
STREET ADDRESS 1832 SHANELLE PATH  
CITY-ST-ZIP LECANTO, FL 34461

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☐ Delete  
NAME JACOBSEN, RON  
STREET ADDRESS 2750 BRENTWOOD CIR.  
CITY-ST-ZIP LECANTO, FL 34461

TITLE **DIRECTOR** ☒ Change ☐ Addition  
NAME **(NOT UP)**  
STREET ADDRESS **RON JACOBSEN**  
CITY-ST-ZIP **SAME ADDRESS**

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: DEB Driskill **DEB DRISKILL, Sec'y.** 3/28/06 352-746-6060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #