
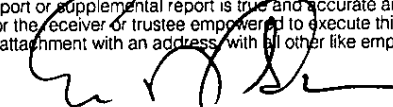


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90157 011 \*\*\*\*61.25

<b>DOCUMENT # N94000005695</b> 1. Entity Name <b>BRENTWOOD FARMS PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>24746 N ESSEX AVE HERNANDO, FL 34442</b>			Mailing Address <b>24746 N ESSEX AVE HERNANDO, FL 34442</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-3278531</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ABEL, ERIC D ESQ 2476 N ESSEX AVENUE HERNANDO, FL 34442</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<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 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>ABEL, ERIC D</b> <b>2476 N ESSEX AVENUE</b> <b>HERNANDO, FL 34442</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>PASTOR, JOHN D</b> <b>2476 N ESSEX AVENUE</b> <b>HERNANDO, FL 34442</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CRAIG, AVIS M</b> <b>2476 N ESSEX AVENUE</b> <b>HERNANDO, FL 34442</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <b>DRISKILL, DEB</b> <b>2476 N ESSEX AVENUE</b> <b>HERNANDO, FL 34442</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>FITZSIMMONS, KAY</b> <b>1632 SHANELLE PATH</b> <b>LECANTO, FL 34461</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>JACOBSEN, RON</b> <b>2750 BRENTWOOD CIR.</b> <b>LECANTO, FL 34461</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Bill Wilson</b> <b>1855 W. CRYSTAL MAE PATH</b> <b>LECANTO FL 34461</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b>  <span style="float: right;"><b>4/14/08</b> <b>352-746-6060</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**ERIC D. ABEL**