

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 751939

**FILED**  
**Jan 25, 2014**  
**Secretary of State**  
**CC4998320614**

**Entity Name:** BRENTWOOD MANORS PHASE I HOMEOWNERS ASSOCIATION,INC.

**Current Principal Place of Business:**

3225 N HIATUS ROAD  
PMB 451744  
SUNRISE, FL 33345

**Current Mailing Address:**

PO BOX 451744  
SUNRISE, FL 33345 US

**FEI Number: 59-2438928**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BAKALAR & EICHNER, P.A.  
150 S PINE ISLAND RD SUITE 540  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            BM  
Name            CHEN, WINSTON  
Address        PO BOX 451744  
City-State-Zip: SUNRISE FL 33345

Title            VP  
Name            MILLER, HOWARD  
Address        PO BOX 451744  
City-State-Zip: SUNRISE FL 33345

Title            ST  
Name            STEADMAN, CARLEEN  
Address        PO BOX 451744  
City-State-Zip: SUNRISE FL 33345

Title            BM  
Name            JACKSON, ROOSEVELT JR  
Address        PO BOX 451744  
City-State-Zip: SUNRISE FL 33345

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CARLEEN STEADMAN**

**SECRETARY/TREASURER 01/25/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date