

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 21 PM 2:42

DOCUMENT # 751939

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



Principal Place of Business
PO BOX 130104
SUNRISE, FL 33313

Mailing Address
PO BOX 130104
SUNRISE, FL 33313

REINSTATEMENT 05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10132005 REIN-NP

CR2E099 (6/04)

4. FEI Number
59-2438928

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

BAKALAR, BROUGH & CHADROW PA
150 S PINE ISLAND RD SUITE 540
PLANTATION, FL 33324

Bakalar & Eichner, P.A.
Westside Corporate Center
150 South Pine Island Road, Suite 540
Plantation, FL 33324

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

FILE NOW!!! FEE IS \$236.25
After January 1, 2006, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME RITCHIE, JEREMIAH
STREET ADDRESS 2651 NW 62ND TERR.
CITY-ST-ZIP SUNRISE, FL 33313

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
700060855607
10/21/05--01030--022 **236.25

TITLE V ☐ Delete
NAME CHEN, WINSTON
STREET ADDRESS 2690 NW 62ND TERR
CITY-ST-ZIP SUNRISE, FL 33313

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

TITLE S ☐ Delete
NAME IRIGOYEN, CARLOS
STREET ADDRESS 2611 NW 26TH TERR
CITY-ST-ZIP SUNRISE, FL 33313

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

TITLE BM ☐ Delete
NAME JACKSON, ROOSEVELT JR
STREET ADDRESS 6240 NW 26TH COURT
CITY-ST-ZIP SUNRISE, FL 33313

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

TITLE BM ☐ Delete
NAME STEADMAN, CARLEEN
STREET ADDRESS 2671 NW 62ND TERR.
CITY-ST-ZIP SUNRISE, FL 33313

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/18/05 954-475-4244