

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90009 031 ****61.25

DOCUMENT # 751939

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



Principal Place of Business

**PO BOX 130104
SUNRISE, FL 33313
P.O. Box 451744,
SUNRISE, FL 33345**

Mailing Address

**PO BOX 130104
SUNRISE, FL 33313
P.O. Box 451744,
SUNRISE, FL 33345**

40105420



DO NOT WRITE IN THIS SPACE

04252008 No Chg-NP

CR2E037 (4/06)

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
CHEN, WINSTON
2690 NW 62ND TERRACE
SUNRISE, FL 33313**

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Winston Chen* (WINSTON CHEN Y.P.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2008 *954-748-4950*
Date Daytime Phone #