



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90051 026 ****61.25

DOCUMENT # 763140 1. Entity Name BRENTWOOD MANORS PHASE II HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 6320 NW 28TH CT. PO BOX 130351 SUNRISE, FL 33313 US			Mailing Address P.O. BOX 190046 FT. LAUDERDALE, FL 33313 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40068101 	
City & State		City & State		4. FEI Number 59-2353643	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BECKER, POLIAKOFF AND STREITFELD, PA. EMERALD LAKE CORPORATE PARK 3111 STIRLING ROAD FT. LAUDERDALE, FL 33312-3525				7. Name and Address of New Registered Agent Name Becker & Poliakoff, PA 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 <u>Same lawfirm no need for signature (Streitfeld passed away)</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PD ULEM, SCOTT 6311 NW 29TH ST SUNRISE FL,	<input checked="" type="checkbox"/> Delete		TITLE PD NAME STREET ADDRESS CITY-ST-ZIP	Muthsammy Ramasami 2966 NW 63rd Avenue Sunrise, Fl. 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORO, KATHLEEN 2906 NW 63RD AVE. SUNRISE FL 0,	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SELF, CAROL 6362 NW 28TH COYRT SSUN RISE, FL	<input checked="" type="checkbox"/> Delete		TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	Carol Self 6362 NW 28th Court Sunrise, Fl. 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KERR, LEROY 6302 NW 28TH COURT SUN RISE, FL	<input checked="" type="checkbox"/> Delete		TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	Autwelle Whyte 6363 N.W. 28th Street Sunrise, Fl. 33313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.					
SIGNATURE: <u>Kathleen M. Moro, Secretary</u> <u>4/10/08</u> <u>474-8000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					