


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000003372 1. Entity Name BRENTWOOD OWNERS' ASSOCIATION, INC.	
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Principal Place of Business 4400 BAYOU BLVD STE 4B PENSACOLA, FL 32503	Mailing Address 127 PALAFAX PL STE 200 PENSACOLA, FL 32502
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01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3746322	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MOORHEAD, STEPHEN R 25 W GOVERNMENT STREET PENSACOLA, FL 32502

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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	PSTD PORTER, MARK E 4400 BAYOU BLVD STE 4B PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLCOMB, JEFF 4400 BAYOU BLVD STE 4A PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMAS, CHERYL 4400 BAYOU BLVD STE 4A PENSACOLA, FL 32503
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000712750
04/26/07-80061-011 61.25

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07 8:50-932-1019
Date Daytime Phone #