2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 28, 2007 8:00 am Secretary of State

DOCUMENT # N0300008788 1. Entity Name BRENTWOOD TOWNHOMES OWNERS ASSOCIATION, INC.							03-28-2007	90008 017	7 ****61	1.25
Principal Place of Business 2476 N. ESSEX AVENUE HERNANDO, FL 34442 Mailing Address 2476 N. ESSEX AVENUE HERNANDO, FL 34442						WW4326		1000 (BIB) (B)		
2. Principal P	Place of Business - No P.O. Box	# 3. Mail	ing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03142007	Chg-NP	CR2E037	(12/06)	
City & State		Cit	City & State			4. FEI Number 37-1476	997			plied For t Applicable
Žip	Country	Zip)	Cou	ntry	5. Certificate of	f Status Desired		8.75 Add ee Required	
	6. Name and Address of C	urrent Registere	d Agent			7. Name and A	Address of New F	Registered Ag	ent	
ABEL, ERI					Name Street Addre	ess (P.O. Box Number	is Not Acceptable			
2476 N. ESSEX AVENUE HERNANDO, FL 34442					- Circuit Nounc	odd (r.io. Box Hombor				
					City		•	FL	Zip Code	е
	named entity submits this state tions of registered agent.	ment for the purp	ose of changing its	registere	ed office or reg	gistered agent, or both	i, in the State of Fl	orida. I am fai	miliar with,	and accept
SIGNATURE .	Signature, typed or printed name of register	red eget and tills if and					··			
		sen affers with the ii whit	slicable. (NOTE	: Registerei	i Agent signature re	equired when reinstating)		DATE		
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riferedly certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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.

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ALB ANGLES DE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deb Driskill

3/23/07

352-746-6060

Date

Daytime Phone #