
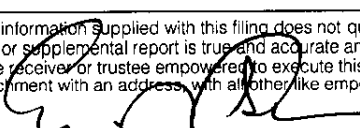


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90157 013 ****61.25

DOCUMENT # N03000008788 1. Entity Name BRENTWOOD TOWNHOMES OWNERS ASSOCIATION, INC.					
Principal Place of Business 2476 N. ESSEX AVENUE HERNANDO, FL 34442				Mailing Address 2476 N. ESSEX AVENUE HERNANDO, FL 34442	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 37-1476997	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ABEL, ERIC D 2476 N. ESSEX AVENUE HERNANDO, FL 34442				7. Name and Address of New Registered Agent Name _____ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing <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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABEL, ERIC D	NAME			
STREET ADDRESS	2476 N. ESSEX AVENUE	STREET ADDRESS			
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DRISKILL, DEB	NAME			
STREET ADDRESS	2476 N. ESSEX AVENUE	STREET ADDRESS			
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PASTOR, JOHN E	NAME			
STREET ADDRESS	2476 N. ESSEX AVENUE	STREET ADDRESS			
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HENRY, DESMOND	NAME			
STREET ADDRESS	1509 N. DIMAGGIO PATH	STREET ADDRESS			
CITY-ST-ZIP	HERNANDO, FL 34442	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		4/14/08		352-746-6060	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
ERIC D. ABEL					

60032114



04102008 Chg-NP CR2E037 (12/06)

4. FEI Number
37-1476997

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABEL, ERIC D
2476 N. ESSEX AVENUE
HERNANDO, FL 34442

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ABEL, ERIC D
STREET ADDRESS 2476 N. ESSEX AVENUE
CITY-ST-ZIP HERNANDO, FL 34442

TITLE D ☐ Delete
NAME DRISKILL, DEB
STREET ADDRESS 2476 N. ESSEX AVENUE
CITY-ST-ZIP HERNANDO, FL 34442

TITLE D ☐ Delete
NAME PASTOR, JOHN E
STREET ADDRESS 2476 N. ESSEX AVENUE
CITY-ST-ZIP HERNANDO, FL 34442

TITLE D ☒ Delete
NAME HENRY, DESMOND
STREET ADDRESS 1509 N. DIMAGGIO PATH
CITY-ST-ZIP HERNANDO, FL 34442

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #