2005 NOT-FOR-PROFIT CORPORATION

FILED **ANNUAL REPORT (AR)** Feb 16, 2005 8:00 am DOCUMENT # N04000003327 **Secretary of State** 1. Entity Name 02-16-2005 90062 001 ***183.75 BRENTWOOD CLUB HOMEOWNERS' ASSOCIATION OF LONGWOOD, INC. Principal Place of Business Mailing Address 605 E ROBINSON ST STE 750 605 E ROBINSON ST STE 750 66001991 ORLANDO FL 32801 ORLANDO FL 32801 2. Principal Place of Business 4700/4: LLWiA Mailing Address BLUD BLUD. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) SuiTE City & State 4. FEI Number Applied For -LORIDA Appliced Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PERLMAN, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 605 E ROBINSON ST STE 750 ORLANDO FL 32801 Zip Code FL 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 FILE NOW: FEE IS \$61.25 .9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2005 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DP Change TITLE ☐ Addition TITLE ☐ Delete PERLMAN, JEFFREY NAME NAME 4700 MILLENIA BLUD. SUITE 400 605 E ROBINSON ST STE 750 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP DΫ THILE TITLE Delete PETERSON, DON NAME NAME 605 E ROBINSON ST STE 750 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP DST TITLE TITLE ☐ Delete 4700 MILLENIA BLUD, SUITEYOO Orlando, FLORIDA 32839 DOWLING, LARRY NAME NAME 605 E ROBINSON ST STE 750 STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TILLE TITLE 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 exemption stated in Section 119.07(3)(i), 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.

TITLE

NAME

TITLE

NAME

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TOTALE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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Change

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Addition

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