

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003327

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** BRENTWOOD CLUB HOMEOWNERS' ASSOCIATION OF LONGWOOD, INC.

**Current Principal Place of Business:**

1600 WEST COLONIAL DRIVE  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

1600 WEST COLONIAL DRIVE  
ORLANDO, FL 32804

**New Mailing Address:**

**FEI Number:** 52-2451483

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HANSON, JACK  
1600 WEST COLONIAL DRIVE  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: PIACENTI, WILLIAM  
Address: 447 BRENTWOOD CLUB COVE  
City-St-Zip: LONGWOOD, FL 32750

Title: VP ( ) Delete  
Name: LAMBERT, VERDELLE  
Address: 390 BRENTWOOD CLUB COVE  
City-St-Zip: LONGWOOD, FL 32750

Title: T ( ) Delete  
Name: STAFFORD, MELODY  
Address: 379 BRENTWOOD CLUB COVE  
City-St-Zip: LONGWOOD, FL 32750

Title: S ( ) Delete  
Name: DIPASQUALE, VICTORIA  
Address: 451 BRENTWOOD CLUB COVE  
City-St-Zip: LONGWOOD, FL 32750

Title: D ( ) Delete  
Name: VAN DUYNENBODE, SARA  
Address: 394 BRENTWOOD CLUB COVE  
City-St-Zip: LONGWOOD, FL 32750

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: PIACENTI, WILLIAM  
Address: 447 BRENTWOOD CLUB COVE  
City-St-Zip: LONGWOOD, FL 32750

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM PIACENTI

D

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date