2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008
Secretary of State

DOCUMENT# N05000010596

Entity Name: BRENTWOOD LAKES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST STATE ROAD 434
SUITE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 20-3656789 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST STATE ROAD 434, SUITE 5000
LONGWOOD, FL 32779 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: DP ( ) Delete
Name: ZAKOSKE, JOHN
Address: 9456 PHILIPS HWY., STE. 1
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DVP ( ) Delete
Name: DEARING, MARK C.
Address: 9456 PHILIPS HWY., STE. 1
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DST ( ) Delete
Name: PORTER, ROBERT
Address: 9456 PHILIPS HWY., STE. 1
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DAST (X) Delete
Name: RESTALL, SHELBY R
Address: 9456 PHILIPS HIGHWAY, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DAST (X) Delete
Name: KNOX, LINNETTE C
Address: 9456 PHILIPS HIGHWAY, SUITE 1
City-St-Zip: JACKSONVILLE, FL 32256 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILLIAMS, KEITH V
Address: 100 RIALTO PL STE 815
City-St-Zip: MELBOURNE, FL 32901 US

Title: VPD (X) Change ( ) Addition
Name: DAVIDSON, BRIAN
Address: 100 RIALTO PL STE 815
City-St-Zip: MELBOURNE, FL 32901 US

Title: STD (X) Change ( ) Addition
Name: PARSONS, NICQUELEEN
Address: 100 RIALTO PL STE 815
City-St-Zip: MELBOURNE, FL 32901 US

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: KEITH WILLIAMS PD 03/14/2008

Electronic Signature of Signing Officer or Director — Date