

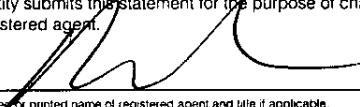


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90061 048 ****61.25

DOCUMENT # N23917 1. Entity Name BRENTWOOD MAINTENANCE ASSOCIATION, INC.					
Principal Place of Business 951 BROKEN SOUND PKWY. SUITE 250 BOCA RATON, FL 33487 US			Mailing Address 951 BROKEN SOUND PKWY. SUITE 250 BOCA RATON, FL 33487 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
01252008 Chg-NP CR2E037 (12/06)				4. FEI Number 65-0027439	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent COMMUNITY ASSOCIATION, INC. 951 BROKEN SOUND PKWY. SUITE 250 BOCA RATON, FL 33487			7. Name and Address of New Registered Agent Name CAS REALTY LLC Street Address (P.O. Box Number is Not Acceptable) 1901 S. CONGRESS AVE STE 480 City BOYNTON BEACH FL Zip Code 33426		
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 1/25/08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <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	PD QUIANTHY, RICHARD 8080 NADMAR AVE. BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Delete	TITLE	PD MELNICK, JUNE 19871 STOCKHOLME DRIVE BOCA RATON, FL 33434	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VPD EPSTEIN, EDWARD 19956 MONA CIR. BOCA RATON, FL 33434	<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	TD FELDMAN, CHESTER 19896 DEAN DR. BOCA RATON, FL 33434	<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	S SCHACHEALS, SIDNEY 8034 COPENHAGEN WAY BOCA RATON, FL 33434	<input type="checkbox"/> Delete	TITLE	S HARLEN KURZBAN 8440 NADMAR AVE BOCA RATON FL 33434	<input type="checkbox"/> Change <input checked="" 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:  CHESTER FELDMAN TD 2/7/08 561-479-0053 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					