

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -9 AM 11:22

DOCUMENT # **N31292** (8)
1. Corporation Name
BRENTWOOD HILLS HOMEOWNERS' ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
P.O. BOX 7078 WESLEY CHAPEL FL 33543		1301 SEMINOLE BLVD S172 LARGO FL 34640 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22	27		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	3a. Date of Last Report
03/21/1989	03/29/1994
4. FEI Number	Applied For
59-2948931	Not Applicable
5. Certificate of Status Desired	\$6.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	\$68.75 Supplemental Fee Not Required
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SHAW, DARREN
1301 SEMINOLE BLVD
S172
LARGO FL 34640

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	EDWARDS, BOB
STREET ADDRESS	P.O. BOX 7078 N/A
CITY-ST-ZIP	WESLEY CHAPEL FL
TITLE	PD
NAME	BURGAU, FREDERICK
STREET ADDRESS	P.O. BOX 7078 N/A
CITY-ST-ZIP	WESLEY CHAPEL FL
TITLE	ST
NAME	KIRSCHNER, AMYE
STREET ADDRESS	910 A DREW STREET
CITY-ST-ZIP	CLEARWATER FL
TITLE	D
NAME	OPSHAW, PAMELA
STREET ADDRESS	1014 CITRUS ORCHARD
CITY-ST-ZIP	VALRICO FL
TITLE	D
NAME	DELUNA, ANDREW
STREET ADDRESS	1004 POWDER RIDGE
CITY-ST-ZIP	VALRICO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	PD.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JACK FESS	
1.3 STREET ADDRESS	P.O. BOX 7078	
1.4 CITY-ST-ZIP	WESLEY CHAPEL, FLORIDA 33544	
2.1 TITLE	J.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	FRED BURGAU	
2.3 STREET ADDRESS	P.O. BOX 7078	
2.4 CITY-ST-ZIP	WESLEY CHAPEL, FLORIDA 33544	
3.1 TITLE	ST.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ED LYONS	
3.3 STREET ADDRESS	P.O. BOX 7078	
3.4 CITY-ST-ZIP	WESLEY CHAPEL, FLORIDA 33544	
4.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ARTHUR SWALLOW	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	VALRICO, FLORIDA 33594	
5.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARK BRAUBERMAN	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	VALRICO, FLORIDA 33594	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE: *[Signature]* JACK FESS 1/24/95 (P13) 903-2553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR