

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 08, 1996 08:00 AM
Secretary of State

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



Principal Place of Business Mailing Address
P.O. BOX 7078 WESLEY CHAPEL FL 33543
1301 SEMINOLE BLVD S172 LARGO FL 34640 US

3. Date Incorporated or Qualified **03/21/1989** 3a. Date of Last Report **02/09/1995**
4. FEI Number **59-2948931** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 25 Country 29 Zip 30 Country

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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FESS, JACK	
STREET ADDRESS	P O BOX 7078 N/A	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURCAW, FRED	
STREET ADDRESS	P O BOX 7078	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	LYONS, ED	
STREET ADDRESS	P.O. BOX 7078	
CITY-ST-ZIP	WESLEY CHAPEL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWALLOW, ARTHUR	
STREET ADDRESS	1814 CITRUS ORCHARD	
CITY-ST-ZIP	VALRICO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRAVERMAN, MARK	
STREET ADDRESS	P.O. BOX 7078	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TREAS
3.3 STREET ADDRESS	Hazel Lammers
3.4 CITY-ST-ZIP	1439 Erin Brooke Dr. Valrico, FL 33594
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sec
4.3 STREET ADDRESS	Darrell Day
4.4 CITY-ST-ZIP	1609 Spruce Hollow Valrico, FL 33594
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FRANK LUISBERG
5.3 STREET ADDRESS	P.O. BOX 7078
5.4 CITY-ST-ZIP	WESLEY CHAPEL, FLORIDA 34640
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 an address.

SIGNATURE: _____ DATE: **1/20/96** TELEPHONE: **(813) 913-2553**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)