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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 03 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

Principal Place of Business

P.O. BOX 7078

CITY-ST-ZIP

SIGNATURE:

(8)

Mailing Address

1301 SEMINOLE BLVD

BRENTWOOD HILLS HOMEOWNERS' ASSOCIATION, INC.

P.O. BOX 7078						1301 SEMINOLE BLVD						3. Date Incorporated or Qualified						
WESLEY CHAPEL FL 33543					S172 LARGO FL 34640					İ	03/21/1989							
					US						- 4	4. FEIN	umber				1	Applied For
Î					-							5	9-29489	931				Vot Applicable
2. Principal Place of Business					2a. Mailing Address 26						5. Certifi	cate of St	atus De	sired			Additional Required	
Suite, Apt. #, etc.					Suite, Apt. #, etc.							: Election	on Campa	ian Fins	neina			
22					27					'	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees							
City & State				12.	City & State						7. Is this nonprofit corporation a homeowners association?							
23				21	28					'	Yes No							
	Zip Country				Zip Country						R This c	orporation	n owes o	or has ne	id the cu	rent vear l	ntangible	
24	25				29 30					'	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes V No							
9. Name and Address of Current F										10		and Add				Agent /	\	
					-				81	Name							7	
SHAW, DARREN								Ţ	82	Street Address (P.O. Box Number is Not Acceptable)						ole)		
1301 SEMINILE BLVD								ļ.	-						•			
S172								1	83									
LARGO FL 34640								7	84	City						FL	85 Zi	Code
11. Pursuant t	to the provis	ons (of Sections 617.	0502 and	1617	.1508, Flor	ida Statute	s, the ab	ove	-named	corporat	ion subn	nits this sta	atement	for the p	ourpose o	f changing	its registered
office or re	egistered ag	ent, d	of Sections 617.0 or both, in the St nd accept the ob	ate of Flo	orida.	Such char	nge was a	uthorized	i by	the corp	poration's	board o	of directors	s. I here	by acce	ot the app	ointment a	s registered
Į.	II I TATI I II II AN	, a.	io accept the or	Jilgasons	, OI, C	Jection 017	.000, 1 ,0	iloa otati	-100	•				,	-			
SIGNATURE _	Stonature, typed	or prin	ted name of registered	agent and t	title if a	ipplicable.	(NOTE	. Registered	Ager	nt signature	required wh	en reinstati	1g)		•	DATE		
12.		-	OFFICERS	-				13.			,	ADDITI	ONS/CHA	NGES 1	O OFFIC	CERS AND	DIRECTO	RS IN, 12
TITLE	PD						ELETE	1.1 111	LĒ		D						Change	Addition
1 6																		<i>,</i> `
NAME	FESS. J	ack						1,2 NA	ME		NORA	1 YF	UNDT		ا لا ما			/
1	FESS, J P O BO									ADDRESS	NORA 1710	n PF TROI	CAN	~ W	AY			/
STREET ADDRESS	P 0 B0	X 70	78 N/A					1.3 STF	REET		1710	TROI	SI CUM	← W	YA			/
STREET ADDRESS CITY-ST-ZIP	P O BO WESLEY	X 70					DELETE		Y-ST		NORA 1710 VAL	TROI	UNDT PICANI TI.	← ₩	YAY		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	P O BO WESLEY VD	X 70 / CH	78 N/A IAPEL FL			D	ELETE	1.3 STF 1.4 CIT 2.1 TITI	REET / Y-ST LE		1710	TROI	SI CUM	~ ₩	YA		Change	/ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	P O BO WESLEY VD BURCAY	X 70 (CH N, FI	78 N/A IAPEL FL RED			<u> </u>	ELETE	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	Y-ST LE ME	T-ZIP	1710	TROI	SI CUM	~ ₩	AY .	. 28	Change	/ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P O BO WESLEY VD BURCAY P O BO	X 70 / CH W, FI X 70	78 N/A IAPEL FL RED 78			<u> </u>	DELETE	1.3 STF 1.4 CiT 2.1 TiTI 2.2 NAI 2.3 STF	REET / TY-ST LE ME REET /	r-zip Address	1710	TROI	SI CUM	← W	AY -	· 45	Change	/ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O BO WESLEY VD BURCAY P O BO	X 70 / CH W, FI X 70	78 N/A IAPEL FL RED					1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI	REET / Y-SI LE ME REET / TY-S	r-zip Address	1710	TROI	SI CUM	A- W	AY -	. 45a	☐ Change	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P O BO WESLEY VD BURCAY P O BO WESLEY	X 70 (CH W, FI X 70 (CH	78 N/A APEL FL RED 78 IAPLE FL				elete Velete	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI	Y-ST LE ME REET / TY-S	r-zip Address	1710	TROI	SI CUM	∧ <i>W</i>	AY	### ##################################		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P O BO WESLEY VD BURCAY P O BO WESLEY T MARK O	X 70 (CH W, F1 X 70 (CH	78 N/A IAPEL FL RED 78 IAPLE FL					1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAI	REET / TY-ST LE ME REET / TY-S LE ME	T-ZIP ADDRESS T-ZIP	1710	TROI	SI CUM	A 61	YAY	#5		
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P O BO WESLEY VD BURCAY P O BO WESLEY T MARK G 1948 EF	X 70 (CH W, FI X 70 (CH GOLD RIN E	78 N/A IAPEL FL RED 78 IAPLE FL DEAIN BROOKS DR.					1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CR 3.1 TITI 3.2 NAI 3.3 STF	REET / TY-ST LE ME REET / TY-S LE ME REET /	T-ZIP ADDRESS T-ZIP ADDRESS	1710	TROI	SI CUM	* W	YAY	. ####		
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P O BO WESLEY VD BURCAY P O BO WESLEY T MARK O 1948 EF VALRICO S GIL COI 714 SAI	X 70 (CH W, FI X 70 (CH GOLL RIN E NORI	78 N/A IAPEL FL RED 78 IAPLE FL OFAIN BROOKS DR. ITE DGE DR.			×	ELETE	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAI 2.3 STF 2.4 CIT 3.2 NAI 3.3 STF 3.4 CIT 4.2 NAI 4.2 NAI 4.3 STF	Y-SI LE ME REET, TY-S LE ME REET, TY-S LE	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	1710	TROI	SI CUM	د لما	YAY	959	☐ Change	Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	P O BO WESLEY VD BURCAY P O BO WESLEY T MARK G 1948 EF VALRICO S GIL COI 714 SAI VALRICO D LAUSBE	X 70 Y CH W, FI X 70 Y CH GOLL RIN E O FL JNE HORIO JNE HORIO FL REG,	78 N/A IAPEL FL RED 78 IAPLE FL DFAIN BROOKS DR. ITE DGE DR. FRANK			\\\\^\circ}	ELETE	1.3 STF 1.4 CIT 2.1 TITI 2.2 NA 2.3 STF 2.4 CIT 3.1 TITI 3.2 NA 3.3 STF 3.4 CIT 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NA	REET , Y-SI LE ME REET , TY-S LE ME REET , TY-S LE AME REET , Y-SI LE ME	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	1710	TROI	SI CUM	~ ω	YAY	959	☐ Change	Addition Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P O BO WESLEY VD BURCAY P O BO WESLEY T MARK G 1948 EF VALRICG S GIL COI 714 SAI VALRICG D LAUSBE PO BOX	X 70 Y CH W, FI X 70 Y CH GOLE	78 N/A IAPEL FL RED 78 IAPLE FL OFAIN BROOKS DR. ITE DGE DR. FRANK 78			×.	ELETE	1.3 STF 1.4 CIT 2.1 TITI 2.2 NAV 2.3 STF 2. 4 CIT 3.1 TITI 3.2 NAV 3.3 STF 3.4 CIT 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAV 5.3 STF 5.4 CIT 6.1 TITI 6.1 TITI	REET / LE ME LE ME REET / LE ME LE ME REET / LE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS F-ZIP	1710	TROI	SI CUM	<i>ا</i> ا	YAY	# C #	☐ Change	Addition Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.