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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31292

1. Corporation Name

BRENTWOOD HILLS HOMEOWNERS' ASSOCIATION, INC.

126860 - 90063 - 42

Principal Place of Business

P.O. BOX 7078
WESLEY CHAPEL FL 33543

Mailing Address

1301 SEMINOLE BLVD
S172
LARGO FL 34640
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country 29 30

3. Date Incorporated or Qualified

03/21/1989

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

9. Name and Address of Current Registered Agent

~~SHAW, DARREN~~ MARK S. STOOFS
1301 SEMINOLE BLVD
S172
LARGO FL 34640 33770

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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME FESS, JACK
STREET ADDRESS P O BOX 7078 N/A
CITY-ST-ZIP WESLEY CHAPEL FL
TITLE DELETE
NAME BURCAW, FRED
STREET ADDRESS P O BOX 7078
CITY-ST-ZIP WESLEY CHAPLE FL
TITLE DELETE
NAME PFUNDT, NORM
STREET ADDRESS 1710 TROPICANA WAY
CITY-ST-ZIP VALRICO FL
TITLE DELETE
NAME S
STREET ADDRESS GIL COUNETTE
CITY-ST-ZIP 714 SANDRIDGE DR.
VALRICO FL
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT Change Addition
1.2 NAME DARRELL DAY
1.3 STREET ADDRESS 1609 SAND HOLLOW LANE
1.4 CITY-ST-ZIP VALRICO, FL. 33594
2.1 TITLE V.PRESIDENT Change Addition
2.2 NAME TOM LEAVITT
2.3 STREET ADDRESS 815 SANDY TRAIL PLACE
2.4 CITY-ST-ZIP BRANDON, FL. 33511
3.1 TITLE SEC. Change Addition
3.2 NAME GEORGE HUBER
3.3 STREET ADDRESS 1405 DEW BLOOM RD.
3.4 CITY-ST-ZIP VALRICO, FL. 33594
4.1 TITLE TREAS. Change Addition
4.2 NAME KRISH PILLAY
4.3 STREET ADDRESS 536 YUSCANNY PARK CWP
4.4 CITY-ST-ZIP BRANDON, FL. 33511
5.1 TITLE DIRECTOR Change Addition
5.2 NAME ALAN TAYLOR
5.3 STREET ADDRESS P.O. BOX 7078
5.4 CITY-ST-ZIP WESLEY CHAPEL, FL. 33543
6.1 TITLE DIRECTOR Change Addition
6.2 NAME GREG PLESKO
6.3 STREET ADDRESS 1205 LAURIE SUE CT.
6.4 CITY-ST-ZIP BRANDON, FL. 33511

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED

727 559 0400

CR2E037 (1/198)