

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90050 045 ****61.25

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DOCUMENT # N31292

1. Entity Name
BRENTWOOD HILLS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 10033 9TH ST N. 2ND FLOOR SAINT PETERSBURG FL 33716 US	Mailing Address 10033 9TH ST N. 2ND FLOOR SAINT PETERSBURG FL 33716 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2948931	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SMITH, BRIAN K
 10033 9TH ST NORTH
 SAINT PETERSBURG FL 33716**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME D PLESKO, GREGORY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1205 LAURIE SUE COURT	
CITY-ST-ZIP BRANDON FL 33511	
TITLE NAME P DAY, DARRELL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1609 SAND HOLLOW LANE	
CITY-ST-ZIP VALRICO FL 33594	
TITLE NAME V LEAVITT, TOM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 815 SANDY TR. PLACE	
CITY-ST-ZIP BRANDON FL 33511	
TITLE NAME S HUBER, GEORGE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 1405 DEW BLOOM RD.	
CITY-ST-ZIP VALRICO FL 33594	
TITLE NAME T PILLAY, KRISH	<input type="checkbox"/> Delete
STREET ADDRESS 538 TUSCANNY PARK LOOP	
CITY-ST-ZIP BRANDON FL 33511	
TITLE NAME D DOUGLAS, ATKINS	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 529 TUSCANNY STREET	
CITY-ST-ZIP BRANDON FL 33511	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME P/D John Miller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10033 9th St. N. 2nd FL	
CITY-ST-ZIP St. Petersburg FL 33716	
TITLE NAME VP Deborah Hofrichter	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10033 9th St. N. 2nd FL	
CITY-ST-ZIP St. Petersburg, FL 33716	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME S/D Evelina Phillips	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10033 9th St. N. 2nd FL	
CITY-ST-ZIP St. Petersburg, FL 33716	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME <i>Jim Couchaine</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <i>10033 9th St. N.</i>	
CITY-ST-ZIP <i>St. Petersburg, FL 33716</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D Ervin Rodriguez	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 10033 9th St. N. 2nd FL	
CITY-ST-ZIP St. Petersburg, FL 33716	

12. 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 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: *John Miller* DATE: _____ DAYTIME PHONE #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)