SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS N94000005695 (1) DOCUMENT # BRENTWOOD FARMS PROPERTY OWNERS ASSOCIATION, INC Principal Place of Business Mailing Address 2060 N. BWD CIRCLE 2050 N. BWD CIRCLE **LECANTO FL 34461 LECANTO FL 34461** 3a. Date of Last Report Date Incorporated or Qualified 11/17/1994 07/19/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3278531 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5,00 May Be 6. Election Campaign Financing Added to Fees 28 Trust Fund Contribution 23 Country Zip Country Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Eric D. Abel. Esq.
Street Address (P.O. Box Number is Not Acceptable) BERTOCH, CARL A 82 537 E. PARK AVENUE 2450 N. Citrus Hills Blvd TALLAHASSEE FL 32301 83 Zip Code 34442 84 City 85 Hernando isions of Sections 617 1502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered fifth and accept the objigations of, Section 617 0503, Florida Statutes. 11. Pursuant to the pro agent. I am amiliar SIGNATURE ited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 12. 13. X DELETE Change X Addition 1.1 TITLE TITLE CATES, RONALD K 1.2 NAME NAME Stephen A. Tamposi 1000 ABERNATHY ROAD, SUITE 800 STREET ADDRESS 1.3 STREET ADDRESS 2450 N. Citrus Hills Blvd. ATLANTA GA 30328 1.4 CITY-ST-ZIP CITY-ST-ZIP Hernando, FL 34442 X DELETE Change TITLE D 2.1 TITLE SD**T** SIMMONS, JUDSON H 22 NAME NAME John E. Pastor 1000 ABERNATHY ROAD, SUITE 800 2 3 STREET ADDRESS STREET ADDRESS 2050 N. Brentwood Circle ATLANTA GA 30328 2 4 CITY - ST - ZIP CITY-ST-ZIP Lecanto, FL 34461 Change Addition X DELETE 31 TITLE TITLE RIVES, LORI A 3.2 NAME NAME 1000 ABERNATHY ROAD, SUITE 800 3.3 STREET ADDRESS STREET ADDRESS ATLANTA GA 30328 3.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 3 channe spence Addition TITLE 4.1 TITLE 4. 2 NAME 2050 N. Brentwood Cir NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 62 NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP. 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 is Block 13 if duanged, or on an attachment with an address.

John E. Pastor, Secretary

SIGNATURE:

(352) 346-3994

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