

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90157 014 ****61.25

DOCUMENT # N97000001900



1. Entity Name
**BRENTWOOD VILLAS PROPERTY OWNERS
ASSOCIATION, INC.**

Principal Place of Business
**2476 N ESSEX AVE
HERNANDO, FL 34442**

Mailing Address
**2476 N ESSEX AVE
HERNANDO, FL 34442**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

04102008 Chg-NP CR2E037 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3468200

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ABEL, ERIC D
2476 N ESSEX AVENUE
HERNANDO, FL 34442**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME ABEL, ERIC D
STREET ADDRESS 2476 N ESSEX AVENUE
CITY-ST-ZIP HERNANDO, FL 34442

TITLE TD ☐ Delete
NAME PASTOR, JOHN E
STREET ADDRESS 2476 N ESSEX AVENUE
CITY-ST-ZIP HERNANDO, FL 34442

TITLE D ☐ Delete
NAME DRISKILL, DEE
STREET ADDRESS 2476 N ESSEX BLVD
CITY-ST-ZIP HERNANDO, FL 34442

TITLE D ☐ Delete
NAME CRAIG, AVIS M
STREET ADDRESS 2476 N ESSEX AVE
CITY-ST-ZIP HERNANDO, FL 34442

TITLE D ☐ Delete
NAME MANDELL, CAREY
STREET ADDRESS 2249 N BRENTWOOD CIRCLE
CITY-ST-ZIP LECANTO, FL 34461

TITLE D ☒ Delete
NAME ~~BRIER, ROSE ANN~~
STREET ADDRESS ~~1039 W CRYSTAL MAE PATH~~
CITY-ST-ZIP ~~LECANTO, FL 34461~~

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **ED FREETH**
STREET ADDRESS **1912 W. CRYSTAL MAE PATH**
CITY-ST-ZIP **LECANTO FL 34461**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08

Date

352-746-6060

Daytime Phone #

ERIC D. ABEL