## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

→ PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000022376

1. Corporation Name

NAME

CITY-ST-ZIP

COMMUNITY BRENTWOOD CORPORATION

Principal Place of Business Mailing Address						1 10571057 114 12127 70711 20117 20			
2637 MCCORMICK DRIVE 2637 MCCORMICK DRIVE									
STE B STE B						DO NOT WRI	TE IN THIS	SPACE	
CLEARWATER FL 34619 CLEARWATER FL 34619					⊢	Date Incorporated or Qualifed	TE IN THIS	<u> </u>	1
						03/10/1998			ļ
O Drinning D	lana of Business	2. Mailing Address				4. FEL Number 1 /		ΙΔr	oplied For
$\neg \land \land \land$	ipal Place of Business Pond's Edge Drive  2a. Mailing Address Pond's Edge Drive  2b. Dox 999					~ んく 2426223			ot Applicable
21	TOTAL CAYE LAVE 20 1.0. OUR					30° 1110001012	• /		Additional
Suite, Apt.	27					<ol><li>Certificate of Status Desired</li></ol>	X	Fee Re	
22					-	6. Election Campaign Financing		\$5.00	May Ba
23 Chadds Ford, PA 19317 28 Chadds Ford,						Trust Fund Contribution		Added t	
Zip	Country	Zip	Country			8. This corporation owes the curr	rent year Inta	engible	
24 193	17 [25] USA	29 14317 3	0	USA		Personal Property Tax.	•	∐ Yes	□No
24 1 10	9. Name and Address of Current I	11	1		1	10. Name and Address of New F	Registered A	Agent	
Gaynor, Joseph W ESQ 2637 McCormick Drive Ste B Clearwater Fl <del>34619</del> <i>33759</i>				Street A	Address	(P.O. Box Number is Not Accepta	able)		
CLEA	ANVIAIEN PE 04013 39737		84	City				85 Zip (	Code
							<u>FL</u>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.									
SIGNATURE							DATE		\
42	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg OFFICERS AND DIRECTORS			nt signature re	equired who	en reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	DRS IN 12
12. TITLE				13. 1.1 TITLE		ADDITIONO/OFFATOLO TO OF	T TOLING THE	Change	Addition
NAME	Treen W. GOVING		1.2 NAME						
	Ding ma Corner W Drive SED			1.3 STREET ADDRESS					
	Classinter El 33754								
CITY-ST-ZIP				T-ZIP				Change	Addition
TITLE	· / •		2.1 TITLE 2.2 NAME						7
NAME	Thirties Constitution of the Constitution of t								
STREET ADDRESS	Chadds Ford, PA 19317 24			T ADDRESS	<u>.</u>	•			Ì
CITY-ST-ZIP				ST-ZIP				Change	Addition
TITLE	Atlanta, GA 30326			1					Jeg . adison
NAME									
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP				ST-ZIP				Change	Addition
TITLE	Janet L. Jahnson 2 Abra's Edge Drive Chadds Ford, PA 19317 4401							Change	A CAGGOOM
NAME									
STREET ADDRESS				T ADDRESS					-
CITY-ST-ZIP				iT-ZIP				Chanca	Addition
TITLE		☐ DELETE	5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP 5.4 CI				T-ZIP	<u> </u>			Charac	T Addition
TITLE	1	□ DELETE	6.1 TITLE		1			Change	☐ Addition

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 607, Florida Statutes; and that my name appears in

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

**SIGNATURE** 

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90053 031 \*\*\*158.75