

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 31 1996 8:00 am
Secretary of State

DOCUMENT # 755412 (4)

1. Corporation Name
BRANDYCHASE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O CARL SABATELLO 5604 PGA BLVD. SUITE 109 PALM BEACH GARDENS FL 33418 US
C/O CARL SABATELLO 5604 PGA BLVD. SUITE 109 PALM BEACH GARDENS FL 33418 US

3. Date Incorporated or Qualified **12/05/1980** 3a. Date of Last Report **04/12/1995**
4. FEI Number **59-2670612** 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **5610 PGA Blvd.** 26 **5610 PGA Blvd.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Ste # 114** 27 **Ste # 114**
City & State City & State
23 **Palm Beach Gardens, FL** 28 **Palm Beach Gardens, FL**
Zip Country Zip Country
24 **33418** 25 **USA** 29 **33418** 30 **USA**

9. Name and Address of Current Registered Agent
SABATELLO, CARL
5604 PGA BLVD
SUITE 109
PALM BEACH GARDENS FL 33418

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	STD	<input type="checkbox"/> DELETE
NAME	RUSSO, JOSEPH	
STREET ADDRESS	5604 PGA BLVD, SUITE 109	
CITY-ST-ZIP	PALM BEACH GARD. FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SABATELLO, CARL	
STREET ADDRESS	5604 PGA BLVD, SUITE 109	
CITY-ST-ZIP	PALM BCH. GARDENS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SABATELLO, MICHAEL	
STREET ADDRESS	5604 PGA BLVD, SUITE 109	
CITY-ST-ZIP	PALM BCH. GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SABATELLO, THEODORE	
STREET ADDRESS	5604 PGA BLVD STE 109	
CITY-ST-ZIP	PALM BEACH GARDENS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carl M. Sabatello, President 1-22-96 (407) 626-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)