

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

97 NOV -5 PM 4:51

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 755412 (4)**

1. Corporation Name  
**BRANDYCHASE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business 5610 PGA BLVD STE #114 PALM BEACH GARDENS FL 33418 US	Mailing Address 5610 PGA BLVD STE #114 PALM BEACH GARDENS FL 33418 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>David Associates</b> Suite, Apt. #, etc. 22 <b>Suite 207</b> City & State 23 <b>Palm Beach, Fl.</b> Zip 24 <b>33480</b>	2a. Mailing Address 26 <b>204 Brazilian Ave,</b> Suite, Apt. #, etc. 27 <b>Suite 207</b> City & State 28 <b>Palm Beach</b> Zip 29 <b>33480</b>	Country 30 <b>Palm Beach</b>
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3. Date Incorporated or Qualified <b>12/05/1980</b>	3a. Date of Last Report <b>01/31/1996</b>
4. FEI Number <b>59-2670612</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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  
**Timothy Kenney, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**189 Bradly Place**

83

84 City  
**Palm Beach**

85 Zip Code  
**FL 33480**

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: *Timothy Kenney* 9/5/97  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RUSSO, JOSEPH</b>	
STREET ADDRESS	<b>5604 PGA BLVD, SUITE 109</b>	
CITY-ST-ZIP	<b>PALM BEACH GARD. FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SABATELLO, CARL</b>	
STREET ADDRESS	<b>5604 PGA BLVD, SUITE 109</b>	
CITY-ST-ZIP	<b>PALM BCH. GARDENS FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SABATELLO, MICHAEL</b>	
STREET ADDRESS	<b>5604 PGA BLVD, SUITE 109</b>	
CITY-ST-ZIP	<b>PALM BCH. GARDENS FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SABATELLO, THEODORE</b>	
STREET ADDRESS	<b>5604 PGA BLVD STE 109</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL</b>	
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	<b>President (P)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Alfred Marulli</b>	
1.3 STREET ADDRESS	<b>214 Brazilian Ave. Ste. 207</b>	
1.4 CITY-ST-ZIP	<b>Palm Beach, Fl.</b>	
2.1 TITLE	<b>Treas/Sect (STD)</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MS. Cameron Crane</b>	
2.3 STREET ADDRESS	<b>214 Brazilian Ave. Palm Beach FL. 33480</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>Vice President (VD)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Barbara Marulli</b>	
3.3 STREET ADDRESS	<b>214 Brazilian Ave., Ste. 207</b>	
3.4 CITY-ST-ZIP	<b>Palm Beach, FL 33480</b>	
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**

CR2E037 (4/97)

56-11-6-97