


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N00817 (9)**

1. Corporation Name  
**BRANDYWINE CONDOMINIUMS OF PASCO COUNTY MASTER ASSOCIATION, INC.**



Principal Place of Business <b>9108 US 19 PORT RICHEY FL 34668</b>	Mailing Address <b>9108 US 19 PORT RICHEY FL 34668</b>
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3. Date Incorporated or Qualified  
**01/09/1984**

4. FEI Number  
**59-2384355**

Applied For	
Not Applicable	

2. Principal Place of Business <b>21 8406 Mass. Ave. B1</b> Suite, Apt. #, etc. <b>22 Suite B1</b> City & State <b>23 New Port Richey Fl</b> Zip <b>24 34653</b>	2a. Mailing Address <b>26 8406 Mass. Ave. B1</b> Suite, Apt. #, etc. <b>27 Suite B1</b> City & State <b>28 New Port Richey FL</b> Zip <b>29 34653</b> Country <b>30 Pasco</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**BUERKERT, MARIE C.**  
**9108 US 19**  
**PT. RICHEY FL 34668**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	<b>8406 Mass. Ave. Suite B1</b>
84 City	<b>New Port Richey</b>
85 Zip Code	<b>FL 34653</b>

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 *Marie C. Buerkert* DATE **1/14/98**

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>D</b> <input type="checkbox"/> DELETE
NAME	<b>GONZALEZ, LUIS</b>
STREET ADDRESS	<b>7020 PAUL REVERE TRACE</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>GOSE, BARBARA</b>
STREET ADDRESS	<b>7151 TRENTON PLACE</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CONNOLLY, JOHN</b>
STREET ADDRESS	<b>7105 4 KIRSCH CT.</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>DAVIDSON, SHARON</b>
STREET ADDRESS	<b>7130 I COGNAC DR</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GALOWSKI, LOIS</b>
STREET ADDRESS	<b>7120 1 COGNAC DR</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34653</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>VP/D</b>	<input checked="" 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 checked="" 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Luis Gonzalez* DATE: **1-14-98**

CR2E037 (10/97)