


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90050 032 ****61.25

DOCUMENT # N00817

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



Principal Place of Business
**9108 US HWY 19
 NEW PORT RICHEY, FL 34653 US**

Mailing Address
**9108 US HWY 19
 SUITE AL
 NEW PORT RICHEY, FL 34653 US**



2. Principal Place of Business
701 ENTERPRISE RD EAST SUITE 302

3. Mailing Address
701 ENTERPRISE RD EAST SUITE 302

City & State
SAFETY HARBOR, FL

City & State
SAFETY HARBOR, FL

Zip
34695

Country
USA

Zip
34695

Country
USA

01182004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2384355

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
~~BUERKERT, MARIE G.
 9108 US HWY 19
 NEW PORT RICHEY, FL 34653~~

7. Name and Address of New Registered Agent

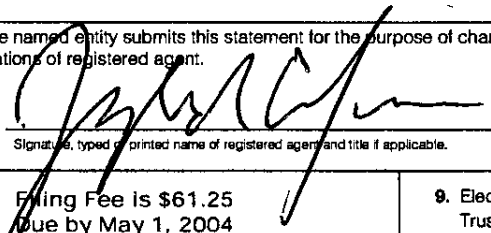
Name
JOSEPH R. CHANFARONE

Street Address (P.O. Box Number is Not Acceptable)
1968 BAYSHORE BLVD

City
DUNEDIN FL

Zip Code
34698

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  DATE **3/26/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
 Due by May 1, 2004

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MARSH, ANN PO BOX 852 NEW PORT RICHEY, FL 34656 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCARDLE, ROBERT 7015-2 COGNAC DR NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIRANDA, PETER %CAROLYN MYEROW 2 HANCOCK ST MELROSE, MA 02176 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRON, EDWARD 7025-6 COGNAC DR NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSE, BARBARA 7151 TRENTON PL NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANK SCHLOTTER PO Box 3556 HOLIDAY, FL 34660 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BETTY SAED 7108-2 MIRSCH CT NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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:  DATE **4/26/04** 727-372-9631

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR