
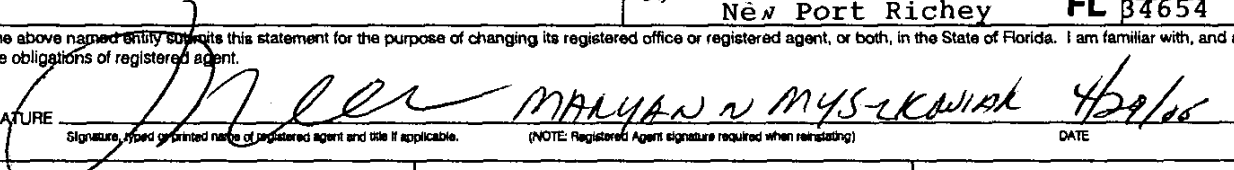
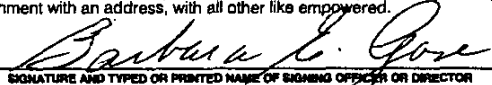


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90133 018 \*\*\*\*61.25

<b>DOCUMENT # N00817</b>					
1. Entity Name <b>BRANDYWINE CONDOMINIUMS OF PASCO COUNTY MASTER ASSOCIATION, INC.</b>					
Principal Place of Business <b>701 ENTERPRISE RD. EAST SUITE 302 SAFETY HARBOR, FL 34695 US</b>		Mailing Address <b>701 ENTERPRISE RD. EAST SUITE 302 SAFETY HARBOR, FL 34695 US</b>			
2. Principal Place of Business <b>11235 Osceola Dr</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 1407</b> Suite, Apt. #, etc.			
City & State <b>New Port Richey FL</b>		City & State <b>Por Richey FL</b>		4. FEI Number <b>59-2384355</b>	
Zip <b>34654</b>		Country <b>Pasco</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CIANFIRONE, JOSEPH R 1968 BAYSHORE BLVD DUNEDIN, FL 34698</b>			7. Name and Address of New Registered Agent Name <b>Mary Ann Myszkowiak</b> Street Address (P.O. Box Number is Not Acceptable) <b>11235 Osceola Dr</b> City <b>New Port Richey FL</b> Zip Code <b>34654</b>		
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)		DATE <b>4/29/05</b>			
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSH, ANN PO BOX 852 NEW PORT RICHEY, FL 34656 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Kevin Fortunato 7025-1 Cognac Dr New Port Richey FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCARDLE, ROBERT 7015-2 COGNAC DR NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Pat Van Aaulkenberg 7028 Paul Revere Trage New Port Richey FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLOTTER, FRANK PO BOX 3256 HOLIDAY, FL 34690 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAED, BETTY 7108-2 KIRSCH CT NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GOSE, BARBARA 7151 TRENTON PL NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <b>4/29/05</b>		Daytime Phone #: <b>727-863-0395</b>	