


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90149 015 ****61.25

DOCUMENT # N00817			
1. Entity Name BRANDYWINE CONDOMINIUMS OF PASCO COUNTY MASTER ASSOCIATION, INC.			
Principal Place of Business 11235 OSCEOLA DR NEW PORT RICHEY, FL 34654 US		Mailing Address PO BOX 1407 PORT RICHEY, FL 34673 US	
2. Principal Place of Business Coastal Mgt.		3. Mailing Address P.O. Box 1407	
Suite, Apt. #, etc. 6710 Embassy Blvd. St. 204		Suite, Apt. #, etc.	
City & State Port Richey FL		City & State Port Richey, FL	
Zip 34668 Country US		Zip 34673 Country US	
6. Name and Address of Current Registered Agent MYSZKOWIAK, MARY ANN 11235 OSCEOLA DR NEW PORT RICHEY, FL 34654		7. Name and Address of New Registered Agent Name Mary Ann Myszkowiak Street Address (P.O. Box Number is Not Acceptable) 6710 Embassy Blvd. Suite 204 City Port Richey FL Zip Code 34668	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		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 VD	<input type="checkbox"/> Delete FORTUNATO, KEVIN 7025-1 COGNAC DR NEW PORT RICHEY, FL 34653	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	<input checked="" type="checkbox"/> Delete VAN AAULKENBERG, PAT 7028 PAUL REVERE TRACE NEW PORT RICHEY, FL 34653	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	<input type="checkbox"/> Delete SCHLOTTER, FRANK PO BOX 3256 HOLIDAY, FL 34690	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD	<input type="checkbox"/> Delete SAED, BETTY 7108-2 KIRSCH CT NEW PORT RICHEY, FL 34653	TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	<input type="checkbox"/> Delete GOSE, BARBARA 7151 TRENTON PL NEW PORT RICHEY, FL 34653	TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Frank C Schlotter, Pres.*