


**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90082 033 \*\*\*\*61.25

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N00817</b>					
1. Entity Name BRANDYWINE CONDOMINIUMS OF PASCO COUNTY MASTER ASSOCIATION, INC.					
Principal Place of Business COASTAL MGT. 6710 EMBASSY BLVD. ST. 204 PORT RICHEY, FL 34668 US			Mailing Address PO BOX 1407 PORT RICHEY, FL 34673 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2384355	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MYSZKOWIAK, MARY ANN 6710 EMBASSY BLVD SUITE 204 PORT RICHEY, FL 34-6689			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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, 2007		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	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORTUNATO, KEVIN		NAME		
STREET ADDRESS	7025-1 COGNAC DR		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLOTTER, FRANK		NAME		
STREET ADDRESS	PO BOX 3256		STREET ADDRESS		
CITY-ST-ZIP	HOLIDAY, FL 34680 34692-0256		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAED, BETTY		NAME		
STREET ADDRESS	7108-2 KIRSCH CT		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
TITLE	VDP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSE, BARBARA		NAME		
STREET ADDRESS	7151 TRENTON PL		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Carole Luth	
STREET ADDRESS			STREET ADDRESS	7033 Paul Revere Trace	
CITY-ST-ZIP			CITY-ST-ZIP	New Port Richey FL 34653	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Marie Crockett	
STREET ADDRESS			STREET ADDRESS	7035 COGNAC #3	
CITY-ST-ZIP			CITY-ST-ZIP	New Port Richey FL 34653	
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: <u>Frank Schlotter</u>		Date: <u>4-28-07</u>		Daytime Phone #: <u>(717) 372-9256</u>	

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