


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State

06-04-2008 90010 011 ****61.25

DOCUMENT # N00817

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.

City & State

Zip Country

04282008 Chg-NP CR2E037 (12/06)

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

**MYSZKOWIAK, MARY ANN
 6710 EMBASSY BLVD SUITE 204
 PORT RICHEY, FL 34-6689**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____

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, 2008

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	D	<input type="checkbox"/> Delete
NAME	LUTH, CAROLE	
STREET ADDRESS	7033 PAUL TEVERE TRACE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHLOTTER, FRANK	
STREET ADDRESS	PO BOX 3256	
CITY-ST-ZIP	HOLIDAY, FL 346920256	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	SAED, BETTY	
STREET ADDRESS	7108-2 KIRSCH CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	VDP	<input type="checkbox"/> Delete
NAME	GOSE, BARBARA	
STREET ADDRESS	7151 TRENTON PL	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CROCKETT, MARIE	
STREET ADDRESS	7035 COGNAC # 3	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Donna Traficante	
STREET ADDRESS	7104-1 KIRSCH CT	
CITY-ST-ZIP	New Port Richey FL 34653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marie Crockett	
STREET ADDRESS	7035 COGNAC DR # 3	
CITY-ST-ZIP	New Port Richey FL 34653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR