



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

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90057 016 \*\*\*\*61.25

<b>DOCUMENT # N19161</b>							
1. Entity Name BRANDYWINE HOMEOWNERS ASSOCIATION OF BROWARD COUNTY, INC.							
Principal Place of Business 2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020 US			Mailing Address 2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020 US				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	01142005 Chg-NP CR2E037 (10/03)			
4. FEI Number 65-0039984				Applied For <input type="checkbox"/> Not Applicable			
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				
RANDALL K. ROGER & ASSOCIATES, PA 621 NW 53 ST SUITE 300 BOCA RATON, FL 33487			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 _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
<b>Make check payable to Florida Department of State</b>							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CONIGLIO, RICHARD		NAME				
STREET ADDRESS	14186 S CYPRESS COVE CIRCLE		STREET ADDRESS				
CITY-ST-ZIP	DAVIE, FL 33325		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DEVANEY, MICHAEL		NAME				
STREET ADDRESS	13751 CUMBERLAND PLACE		STREET ADDRESS				
CITY-ST-ZIP	DAVIE, FL 33325		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FENNEL, BARRY		NAME				
STREET ADDRESS	820 CUMBERLAND TERRACE		STREET ADDRESS				
CITY-ST-ZIP	DAVIE, FL 33325		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MAITLAND, TONYA		NAME				
STREET ADDRESS	<del>14126 LANGLEY PL</del>		STREET ADDRESS	521 Barbrikane			
CITY-ST-ZIP	DAVIE, FL 33325		CITY-ST-ZIP	DAVIE, FL 33325			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SHEWBRIDGE, KIM		NAME				
STREET ADDRESS	<del>19856 LANGLEY PLAGE</del>		STREET ADDRESS	13921 Monticello Street			
CITY-ST-ZIP	FORT LAUDERDALE, FL 33325		CITY-ST-ZIP	DAVIE, FL 33325			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: 			R. Coniglio, President 1/18/05 (9:54) 922-351X				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				