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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 737596 (7)
1. Corporation Name
BRANDYWINE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2850 VALLEY FORGE ROAD PO BOX 3157 DELAND FL 32723-3157	Mailing Address 2850 VALLEY FORGE ROAD PO BOX 3157 DELAND FL 32723-3157
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3. Date Incorporated or Qualified 12/21/1976
4. FEI Number 59-1989295
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WESTERVELT, WILDA C.
2850 VALLEY FORGE ROAD
DELAND FL 32720**

81 Name Caldwell, Oakleigh E.
82 Street Address (P.O. Box Number is Not Acceptable) 885 Lancaster Rd.
83
84 City DeLand
85 Zip Code FL 32720

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Oakleigh E. Caldwell* DATE **2-21-1998**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CALDWELL, OAKLEIGH	
STREET ADDRESS	885 LANCASTER RD.	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRUBA, ROBERT	
STREET ADDRESS	821 FREEMAN'S FARM RD	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHILLIG, WILLIAM	
STREET ADDRESS	855 LANCASTER RD.	
CITY-ST-ZIP	DELAND, FL 00000	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WESTERVELT, WILDA C.	
STREET ADDRESS	2850 VALLEY FORGE ROAD	
CITY-ST-ZIP	DELAND, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HAMLER, ARTHUR	
STREET ADDRESS	2733 SARATOGA ROAD N.	
CITY-ST-ZIP	DELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANK, LOIS	
STREET ADDRESS	2729 SARATOGA ROAD N.	
CITY-ST-ZIP	DELAND FL	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	McFarland, John	
1.3 STREET ADDRESS	2825 Concord Rd.	
1.4 CITY-ST-ZIP	DeLand, FL 32720	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Norton, Richard	
2.3 STREET ADDRESS	2608 Old Church Pl;	
2.4 CITY-ST-ZIP	DeLand, FL 32720	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	←	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Giammanco, Ida	
4.3 STREET ADDRESS	2865 Valley Forge Rd.	
4.4 CITY-ST-ZIP	DeLand, FL 32720	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	York, Sue	
5.3 STREET ADDRESS	2681 Shenandoah Rd.	
5.4 CITY-ST-ZIP	DeLand, FL 32720	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Simser, Sue	
6.3 STREET ADDRESS	841 Freeman's Farm Rd.	
6.4 CITY-ST-ZIP	DeLand, FL 32720	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. **Oakleigh E. Caldwell, President (74) 734-2834**

SIGNATURE: *Oakleigh E. Caldwell* DATE **2-21-98**

CP2E037 (10/97)