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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737596

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



2. Principal Place of Business

21 P.O. Box 1298

2a. Mailing Address

26 P.O. Box 1298

3. Date Incorporated or Qualified

12/21/1976

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-1989295

Applied For

Not Applicable

City & State

23 DeLand, Florida

City & State

28 DeLand, Florida

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

24 32721

Country

25 Volusia

Zip

29 32721

Country

30 Volusia

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CALDWELL, OAKLEIGH E
885 LANCASTER RD
DELAND FL 32720

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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
Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

4/19/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **MCFARLAND, JOHN**
STREET ADDRESS **2825 CONCORD RD**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **D** ☐ DELETE
NAME **TRUBA, ROBERT**
STREET ADDRESS **821 FREEMAN'S FARM RD**
CITY-ST-ZIP **DELAND FL**

TITLE **VD** ☐ DELETE
NAME **SCHILLIG, WILLIAM**
STREET ADDRESS **855 LANCASTER RD.**
CITY-ST-ZIP **DELAND, FL 00000**

TITLE **T** ☐ DELETE
NAME **GIAMMANCO, IDA**
STREET ADDRESS **2865 VALLEY FORGE RD**
CITY-ST-ZIP **DELAND, FL 00000 32720**

TITLE **D** ☐ DELETE
NAME **YORK, SUE**
STREET ADDRESS **2681 SHENANDOAH RD**
CITY-ST-ZIP **DELAND FL 32720**

TITLE **D** ☐ DELETE
NAME **SIMSER, SUE**
STREET ADDRESS **841 FREEMAN'S FARM RD**
CITY-ST-ZIP **DELAND FL 32720**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S/D Rob Aubin** ☐ Change ☒ Addition
1.2 NAME **Rob Aubin**
1.3 STREET ADDRESS **2930 Brandywine Road**
1.4 CITY-ST-ZIP **DeLand, Florida 32720**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Lois Scott**
2.3 STREET ADDRESS **953 Village Green Rd.**
2.4 CITY-ST-ZIP **DeLand, Florida**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 with all other like empowered.

SIGNATURE:

Oakleigh E Caldwell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/99

904
734-2884

Date

Daytime Phone #

CR2E037 (11/98)