

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 737596**

1. Entity Name

BRANDYWINE HOMEOWNERS ASSOCIATION, INC.**FILED**
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90059 026 ****61.25

0022559

Principal Place of Business

PO BOX 1298
DELAND FL 32721

Mailing Address

PO BOX 1298
DELAND FL 32721

2. Principal Place of Business

P.O. Box 1298

3. Mailing Address

P.O. Box 1298

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DeLand, Florida

City & State

DeLand, Florida 32721

4. FEI Number

59-1989295

Applied For

Not Applicable

Zip

32721

Country

Volusia

Zip

32721

Country

Volusia

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CALDWELL, OAKLEIGH E
885 LANCASTER RD
DELAND FL 32720

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.

SIGNATURE

Ida Giammanco

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/5/01

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE SD
NAME GINDLE, JANICE ☐ Delete
STREET ADDRESS 2730 SARATOGA ROAD NORTH
CITY-ST-ZIP DELAND FL 32720TITLE D ☒ Delete
NAME TRUBA, ROBERT
STREET ADDRESS 821 FREEMAN'S FARM RD
CITY-ST-ZIP DELAND FL 32720TITLE VD ☐ Delete
NAME SCHILLIG, WILLIAM
STREET ADDRESS 855 LANCASTER RD.
CITY-ST-ZIP DELAND FL 32720TITLE T ☐ Delete
NAME GIAMMANCO, IDA
STREET ADDRESS 2865 VALLEY FORGE RD
CITY-ST-ZIP DELAND FL 32720TITLE D ☐ Delete
NAME DONEGAN, MARTHA
STREET ADDRESS 851 FREEMANS FARM
CITY-ST-ZIP DELAND FL 32720TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME Susan Griffis
STREET ADDRESS 1012 Valley Forge Rd;
CITY-ST-ZIP DeLand, Florida 32720TITLE D ☐ Change ☒ Addition
NAME Eileen Sturnick
STREET ADDRESS 954 Village Green Road
CITY-ST-ZIP DeLand, Florida 32720TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Ida Giammanco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)