


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90188 037 ****61.25

DOCUMENT # 737596 1. Entity Name BRANDYWINE HOMEOWNERS ASSOCIATION, INC.					
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		4. FEI Number 59-1989295	
Zip 32721		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, EDWARD 2603 OLD CHURCH PL. DELAND FL 32720				7. Name and Address of New Registered Agent Name MRS JANICE GINDL Street Address (P.O. Box Number is Not Acceptable) 2730 SARATOGA RD. N. City DELAND, FLORIDA	
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.				DATE 4/24/04	
SIGNATURE <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				FILE NOW: FEE IS \$61.25 Due By May 1, 2004	
9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME GINDL, JANICE STREET ADDRESS 2730 SARATOGA ROAD NORTH CITY-ST-ZIP DELAND FL 32720				TITLE D NAME ROD JENSEN STREET ADDRESS 2834 CONCORD RD. CITY-ST-ZIP DELAND, FL. 32720	
TITLE PD NAME ALLEN, EDWARD STREET ADDRESS 2603 OLD CHURCH PL. CITY-ST-ZIP DELAND FL 32720				TITLE D NAME KEVIN HURD STREET ADDRESS 2860 GREEN MT. RD. CITY-ST-ZIP DELAND, FL. 32720	
TITLE VD NAME SCHILLIG, WILLIAM STREET ADDRESS 855 LANCASTER RD. CITY-ST-ZIP DELAND FL 32720				TITLE DS NAME TERRY HUBER STREET ADDRESS 2665 CONCORD RD. CITY-ST-ZIP DELAND, FL. 32720	
TITLE I NAME GIAMMANCO, IDA STREET ADDRESS 2865 VALLEY FORGE RD CITY-ST-ZIP DELAND FL 32720				TITLE D NAME DOUGLAS MACISAAC STREET ADDRESS 821 FREEMAN'S FARM RD. CITY-ST-ZIP DELAND, FL. 32720	
TITLE SD NAME FREY, MIKE STREET ADDRESS 1063 VALLEY FORGE RD. CITY-ST-ZIP DELAND FL 32720				TITLE D NAME KATHY BARNAUD STREET ADDRESS 945 KING'S MT. RD. CITY-ST-ZIP DELAND, FL. 32720	
TITLE I NAME GIAMMANCO, IDA STREET ADDRESS 2865 VALLEY FORGE RD. CITY-ST-ZIP DELAND FL 32720				TITLE VD NAME RONALD SMITH STREET ADDRESS 2780 PRINCETON PL. CITY-ST-ZIP DELAND, FL. 32720	
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4/24/04 Daytime Phone #					