

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 25, 2005 8:00 am
Secretary of State

04-27-2005 90330 030 ****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 Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1298 Suite, Apt. #, etc.			
City & State DeLand Florida Zip 32721		City & State DeLand Florida Zip 32721		Country Volusia	
4. FEI Number 59-1989295				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GINDL, MRS JANICE 2730 SARATOGA RD. N. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Janice Gindle 4/21/05 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reappointing)					
FILE NOW: FEE IS \$61.25 Due By: May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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 DP NAME GINDL, JANICE STREET ADDRESS 2730 SARATOGA ROAD NORTH CITY-ST-ZIP DELAND FL 32720			TITLE DVP NAME Ronald York STREET ADDRESS 2681 Shenandoah Rd. CITY-ST-ZIP DeLand, Florida 32720		
TITLE D NAME HORO, KEVIN STREET ADDRESS 2860 GREEN MT. RD. CITY-ST-ZIP DELAND FL 32720			TITLE D NAME Wayne Sanborn STREET ADDRESS 1114 Yorktown Pl. CITY-ST-ZIP DeLand, Florida 32720		
TITLE DS NAME HUBER, TERRY STREET ADDRESS 2665 CONCORD RD. CITY-ST-ZIP DELAND FL 32720			TITLE D NAME Douglas MacIssac STREET ADDRESS 821 Freeman, s Farm CITY-ST-ZIP DeLand, Florida		
TITLE I NAME GIAMMANCO, IDA STREET ADDRESS 2865 VALLEY FORGE RD CITY-ST-ZIP DELAND FL 32720			TITLE D NAME Eileen Sturnick STREET ADDRESS DeLand, Florida 32720		
TITLE D NAME KATHY, BARNARD STREET ADDRESS 945 KINGS MT. RD. CITY-ST-ZIP DELAND FL 32720			TITLE S NAME Jeanne Wolf STREET ADDRESS 909 Lexington Rd. CITY-ST-ZIP DeLand, Florida		
TITLE I NAME GIAMMANCO, IDA STREET ADDRESS 2865 VALLEY FORGE RD. CITY-ST-ZIP DELAND FL 32720			TITLE 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)(b), 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: JANICE GINDL 4/21/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone					

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