

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jul 07, 2009**  
**Secretary of State**

DOCUMENT# 737596

**Entity Name:** BRANDYWINE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**941 KINGS MOUNTAIN RD.  
DELAND, FL 32721**New Principal Place of Business:****Current Mailing Address:**PO BOX 1298  
DELAND, FL 32721**New Mailing Address:**PO BOX 37  
DE LEON SPRINGS, FL 32130**FEI Number:** 59-1989295**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MYERS, LORIN B MR.  
941 KINGS MOUNTAIN RD.  
DELAND, FL 32720 US**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES ( ) Delete  
Name: JONAS, KEN MR.  
Address: 2800 TRENTON PLACE  
City-St-Zip: DELAND, FL 32720

Title: DS ( ) Delete  
Name: SCHRADER, JEANETTE MRS.  
Address: 1105 YORKTOWN PLACE  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete  
Name: GINDL, JANICE MRS.  
Address: 2730 SARATOGA RD  
City-St-Zip: DELAND, FL 32720

Title: TD ( ) Delete  
Name: MYERS, LORIN MR.  
Address: 941 KINGS MOUNTAIN RD  
City-St-Zip: DELAND, FL 32720

Title: D ( ) Delete  
Name: MORSE, VALERIE MRS.  
Address: 800 FREEMAN'S FARM RD.  
City-St-Zip: DELAND, FL 32720

Title: D (X) Delete  
Name: FEENEY, JOSEPH MR.  
Address: 2731 CHARLESTON PLACE  
City-St-Zip: DELAND, FL 32720

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MR. LORIN B. MYERS

TD

07/07/2009

Electronic Signature of Signing Officer or Director

Date