

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737596

Entity Name: BRANDYWINE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**941 KINGS MOUNTAIN RD.
DELAND, FL 32720**Current Mailing Address:**BRANDYWINE HOA
P.O. BOX 37
DELEON SPRINGS, FL 32130-0037 US**FEI Number:** 59-1989295**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SLACHTER, DAVID
935 KINGS MOUNTAIN ROAD
DELAND, FL 32720 US*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**Officer/Director Detail :**

| | |
|-----------------|---------------------------|
| Title | SECRETARY/DIRECTOR |
| Name | BENUCCI, LILIANE |
| Address | 1045 W. VILLAGE GREEN RD. |
| City-State-Zip: | DELAND FL 32720 |

| | |
|-----------------|------------------|
| Title | VD |
| Name | PAULSON, ELISE |
| Address | 2630 BURGOYNE RD |
| City-State-Zip: | DELAND FL 32720 |

| | |
|-----------------|---------------------|
| Title | D |
| Name | KICKLIGHTER, TARA |
| Address | 2701 SARATOGA PLACE |
| City-State-Zip: | DELAND FL 32720 |

| | |
|-----------------|------------------------|
| Title | PRESIDENT, DIRECTOR |
| Name | MYERS, LORIN B. |
| Address | 941 KINGS MOUNTAIN RD. |
| City-State-Zip: | DELAND FL 32720 |

| | |
|-----------------|------------------------|
| Title | TD |
| Name | ORTKIESE, DONNA |
| Address | 2840 GREEN MOUNTAIN RD |
| City-State-Zip: | DELAND FL 32720 |

| | |
|-----------------|--------------------|
| Title | D |
| Name | GAGNON, GREGG |
| Address | 2820 TRENTON PLACE |
| City-State-Zip: | DELAND FL 32720 |

I hereby 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 all other like empowered.

SIGNATURE: LORIN B. MYERS**PRESIDENT/DIRECTOR****03/02/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date