

**2022 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           TREASURER/DIRECTOR  
Name           ORTKIESE, DONNA  
Address        2840 GREEN MOUNTAIN RD  
City-State-Zip: DELAND FL 32720

Title           D  
Name           PAULSON, ELISE  
Address        2630 BURGOYNE PLACE  
City-State-Zip: DELAND FL 32720

Title           PD  
Name           BENUCCI, LILIANE  
Address        1045 W VILLAGE GREEN ROAD  
City-State-Zip: DELAND FL 32720

Title           D  
Name           GRAESART, JAMES  
Address        845 LANCASTER ROAD  
City-State-Zip: DELAND FL 32720

Title           VD  
Name           WICKETT, STANLEY  
Address        2800 TRENTON PLACE  
City-State-Zip: DELAND FL 32720

Title           D  
Name           JOHNSON, CHERYL  
Address        2705 BURGOYNE PLACE  
City-State-Zip: DELAND FL 32720

Title           DIRECTOR/VP  
Name           WICKETT, STANLEY  
Address        2800 TRENTON PLACE  
City-State-Zip: DELAND FL 32720

Title           DIRECTOR  
Name           GRAESART, JAMES  
Address        845 LANCASTER ROAD  
City-State-Zip: DELAND FL 32720

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*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:** LILIANE BENUCCI**PRESIDENT****01/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	JOHNSON, CHERYL
Address	2705 BURGOYNE ROAD
City-State-Zip:	DELAND FL 32720