PO BOX 14	i ling Address: D7 EY, FL 34673 US			
FEI Numbe	:: 59-2384355		Certificate of Status De	sired: No
Name and A	Address of Current Registered Agent:			
SYRASKI, MARYANN COASTAL MGT. 6454 RIDGE ROAD PORT RICHEY, FL 34668 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.				
		tered office or regis	tered agent, or both, in the State of I	Florida.
	d entity submits this statement for the purpose of changing its regis E:MARYANN SYRASKI	tered office or regis	tered agent, or both, in the State of I	Florida. 02/19/2020
		tered office or regis	tered agent, or both, in the State of I	
SIGNATURI	E: MARYANN SYRASKI	tered office or regis	tered agent, or both, in the State of I	02/19/2020
SIGNATURI	E: MARYANN SYRASKI Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of I	02/19/2020
SIGNATURI Officer/Dire	E: MARYANN SYRASKI Electronic Signature of Registered Agent Ctor Detail :			02/19/2020
SIGNATURI Officer/Dire	E: MARYANN SYRASKI Electronic Signature of Registered Agent Ctor Detail : PD	Title	TREASURER	02/19/2020
SIGNATURI Officer/Dire Title Name Address	E: MARYANN SYRASKI Electronic Signature of Registered Agent Ctor Detail : PD SCHLOTTER, FRANK	Title Name	TREASURER GOSE, BARBARA PO BOX 1407	02/19/2020
SIGNATURI Officer/Dire Title Name Address	EIECTRONIC SIGNATURE OF REGISTERED Agent Ctor Detail : PD SCHLOTTER, FRANK PO BOX 1407	Title Name Address	TREASURER GOSE, BARBARA PO BOX 1407	02/19/2020

PO BOX 1407

PRESIDENT

PORT RICHEY FL 34673

Address

City-State-Zip:

ASSOCIATION, INC. 49

Entity Name: BRANDYWINE CONDOMINIUMS OF PASCO COUNTY MASTER

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

COASTAL MGT. 6454 RIDGE ROAD PORT RICHEY, FL 34668

Address

Title

Name

Address

City-State-Zip:

City-State-Zip:

DOCUMENT# N00817

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: FRANK SCHLOTTER

PO BOX 1407

VP

PORT RICHEY FL 34673

PORT RICHEY FL 34673

ARMSTRONG, BILL PO BOX 1407

Electronic Signature of Signing Officer/Director Detail

FILED Feb 19, 2020 Secretary of State 4998457637CC

02/19/2020

Date