| PO BOX 140 PORT RICH | 07 EY, FL 34673 US | | | |
|--|---|---|---|------------|
| FEI Number | : 59-2384355 | | Certificate of Status Desired: No | |
| Name and A | Address of Current Registered Ag | jent: | | |
| SYRASKI, MAR COASTAL MGT 6454 RIDGE RC PORT RICHEY The above named | г. DAD | changing its registered office or regis | tered agent, or both, in the State of I | =lorida. |
| SIGNATURE: MARYANN SYRASKI | | | | 01/31/2022 |
| | Electronic Signature of Registered Ager | t | | Date |
| Officer/Dire | ctor Detail : | | | |
| Title | PD | Title | TREASURER | |
| Name | SCHLOTTER, FRANK | Name | GOSE, BARBARA | |
| Address | PO BOX 1407 | Address | PO BOX 1407 | |
| City-State-Zip: | PORT RICHEY FL 34673 | City-State-Zip: | PORT RICHEY FL 34673 | |
| Title | DIRECTOR | Title | SECRETARY | |
| Name | CARNESI, JUDITH | Name | BYRUM, RUTH | |
| Address | PO BOX 1407 | Address | PO BOX 1407 | |
| City-State-Zip: | PORT RICHEY FL 34673 | City-State-Zip: | PORT RICHEY FL 34673 | |

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.

PRESIDENT

SIGNATURE: FRANK SCHLOTTER

City-State-Zip: PORT RICHEY FL 34673

SWELLER, ROBIN PO BOX 1407

VP

Title

Name

Address

Electronic Signature of Signing Officer/Director Detail

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00817

Entity Name: BRANDYWINE CONDOMINIUMS OF PASCO COUNTY MASTER ASSOCIATION, INC.

Current Principal Place of Business:

COASTAL MGT. 6454 RIDGE ROAD PORT RICHEY, FL 34668

FILED Jan 31, 2022 Secretary of State 3792075275CC

01/31/2022 Date