Current Mai	ling Address:			
PO BOX 140 PORT RICH)7 EY, FL 34673 US			
FEI Number: 59-2384355			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
SYRASKI, MAR COASTAL MG1 6454 RIDGE RO PORT RICHEY	- DAD			
The above nome	I antiky automite this atotement for the nurness of changing its read	stored office or regio	tared agant or both in the State of I	Iorido
	entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of F	
	entity submits this statement for the purpose of changing its regis MARYANN SYRASKI Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of F	
	Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of I	03/27/2023
SIGNATURE	Electronic Signature of Registered Agent	stered office or regist	tered agent, or both, in the State of F	03/27/2023
SIGNATURE	MARYANN SYRASKI Electronic Signature of Registered Agent ctor Detail :			03/27/2023
SIGNATURE Officer/Dire	MARYANN SYRASKI Electronic Signature of Registered Agent Ctor Detail : PD	Title	TREASURER	03/27/2023
SIGNATURE Officer/Dire Title Name Address	MARYANN SYRASKI Electronic Signature of Registered Agent Ctor Detail : PD SCHLOTTER, FRANK	Title Name	TREASURER GOSE, BARBARA PO BOX 1407	03/27/2023
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PD SCHLOTTER, FRANK PO BOX 1407	Title Name Address	TREASURER GOSE, BARBARA PO BOX 1407	03/27/2023
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E MARYANN SYRASKI Electronic Signature of Registered Agent Ctor Detail : PD SCHLOTTER, FRANK PO BOX 1407 PORT RICHEY FL 34673	Title Name Address City-State-Zip:	TREASURER GOSE, BARBARA PO BOX 1407 PORT RICHEY FL 34673	03/27/2023

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.

SIGNATURE: FRANK SCHLOTTER

PORT RICHEY FL 34673

TRAFICANTE, DONNA

PORT RICHEY FL 34673

PO BOX 1407

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

03/27/2023 Date

FILED Mar 27, 2023 Secretary of State 4935059586CC

DOCUMENT# N00817

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

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

COASTAL MGT. 6454 RIDGE ROAD PORT RICHEY, FL 34668

Title

Name

Address

City-State-Zip:

City-State-Zip:

VP