


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JUN -6 PM 3:26

<b>DOCUMENT # 711878</b>	
1. Entity Name <b>BRANDYWINE DUBSDREAD HOME OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>1128 EAST DONEGAN AVE KISSIMMEE, FL 34744 US</b>	Mailing Address <b>1128 EAST DONEGAN AVE KISSIMMEE, FL 34744 US</b>
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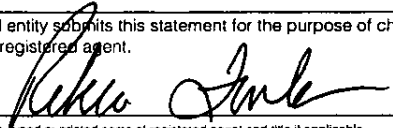
2. Principal Place of Business - No P.O. Box # <b>5955 T.G. Lee Blvd</b>	3. Mailing Address <b>5955 T.G. Lee Blvd</b>
Suite, Apt. #, etc. <b>Suite 300</b>	Suite, Apt. #, etc. <b>Suite 300</b>
City & State <b>ORLANDO FL</b>	City & State <b>ORLANDO FL</b>
Zip <b>32822</b>	Country <b>US</b>

04022008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-1753814</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>MORRIS, FRAYDA 1128 EAST DONEGAN AVE KISSIMMEE, FL 34744</b>	7. Name and Address of New Registered Agent Name <b>Rebecca Furlow</b> Street Address (P.O. Box Number is Not Acceptable) <b>5955 T.G. Lee Blvd Suite 300</b> City <b>ORLANDO</b> FL Zip Code <b>32822</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

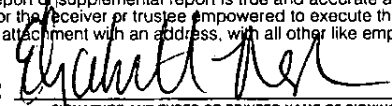
SIGNATURE  DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Amended AR is \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>D</b>	<b>KLEIN, SHELLEY</b> <input type="checkbox"/> Delete	TITLE <b>S</b>	<b>JAMES SUMME</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>3123-D EAGLE BLVD.</b>		STREET ADDRESS <b>3123 F EAGLE BLVD</b>	
CITY-ST-ZIP <b>ORLANDO, FL 32804</b>		CITY-ST-ZIP <b>ORLANDO, FL 32804-3750</b>	
TITLE <b>VP</b> <input type="checkbox"/> Delete		TITLE <b>000131092690</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>3218-D EAGLE BLVD.</b>		STREET ADDRESS <b>06/10/08--01009--019 **61.25</b>	
CITY-ST-ZIP <b>ORLANDO, FL 32804</b>		CITY-ST-ZIP	
TITLE <b>T</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>SOTO, ABRAHAM</b>		STREET ADDRESS	
CITY-ST-ZIP <b>3129-B EAGLE BLVD.</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>ORLANDO, FL 32804</b>			
TITLE <b>P</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>NASH, ELIZABETH</b>		STREET ADDRESS	
CITY-ST-ZIP <b>3221-F EAGLE BLVD.</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>ORLANDO, FL 32804</b>			
TITLE <b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>CHAMBERLAIN, VIRGINIA</b>		STREET ADDRESS	
CITY-ST-ZIP <b>3221-E EAGLE BLVD.</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>ORLANDO, FL 32804</b>			
TITLE <b>D</b> <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>LEAHY, LORETTA</b>		STREET ADDRESS	
CITY-ST-ZIP <b>3129-A EAGLE BLVD.</b>		CITY-ST-ZIP	
CITY-ST-ZIP <b>ORLANDO, FL 32804</b>			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE **2/4/08** DAYTIME PHONE # **407-719-3069**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR