

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 02, 2008 8:00 am**  
**Secretary of State**

06-02-2008 90001 040 \*\*\*\*70.00

**DOCUMENT # 713467**

1. Entity Name

**BRANDYWINE DUBSDREAD EAST HOME OWNERS  
ASSOCIATION, INC.**



Principal Place of Business

**3104 HARRISON AVENUE  
ORLANDO FL 32804-3762**

Mailing Address

**3104 HARRISON AVENUE  
ORLANDO FL 32804-3762**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

**59-1155460**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TEMPLE, SANDRA C  
3104 HARRISON AVE, A-2  
ORLANDO, FL 32804**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW - FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME **DOWNES, GINGER**  
STREET ADDRESS **3104 HARRISON AV. C/19**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE SD ☒ Delete  
NAME ~~JONES, ROBIN~~  
STREET ADDRESS ~~3104 HARRISON AVE E-29~~  
CITY-ST-ZIP ~~ORLANDO FL 32804-3762~~

TITLE TD ☐ Delete  
NAME **TEMPLE, SANDRA**  
STREET ADDRESS **3104 HARRISON AVE A-2**  
CITY-ST-ZIP **ORLANDO FL 32804-3762**

TITLE VD ☒ Delete  
NAME ~~DEMPOPOULOS, JOHN~~  
STREET ADDRESS ~~3104 HARRISON AVE D-23~~  
CITY-ST-ZIP ~~ORLANDO FL 32804-3762~~

TITLE VD ☐ Delete  
NAME **SHEPPARD, DAVID**  
STREET ADDRESS **1724 OAKMONT LN**  
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**4 SD** ☐ Change ☒ Addition  
NAME **Jean Muurahainen**  
STREET ADDRESS **3104 Harrison Ave E-33**  
CITY-ST-ZIP **Orlando, FL 32804**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Sandra C. Temple*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/08

407-872-1748

Date

Daytime Phone #