

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 03 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 737596 (7)**  
 1. Corporation Name  
**BRANDYWINE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>2850 VALLEY FORGE ROAD PO BOX 3157 DELAND FL 32723-3157</b>	Mailing Address <b>2850 VALLEY FORGE ROAD PO BOX 3157 DELAND FL 32723-3157</b>
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3. Date incorporated or Qualified <b>12/21/1976</b>	
4. FEI Number <b>59-1989295</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent <b>WESTERVELT, WILDA C. 2850 VALLEY FORGE ROAD DELAND FL 32720</b>	10. Name and Address of New Registered Agent 81 Name <b>Caldwell, Oakleigh E.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>885 Lancaster Rd.</b> 83 84 City <b>DeLand</b> FL 85 Zip Code <b>32720</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Oakleigh E. Caldwell* DATE **2-21-1998**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CALDWELL, OAKLEIGH</b>	1.2 NAME	<b>McFarland, John</b>
STREET ADDRESS	<b>885 LANCASTER RD.</b>	1.3 STREET ADDRESS	<b>2825 Concord Rd.</b>
CITY-ST-ZIP	<b>DELAND FL</b>	1.4 CITY-ST-ZIP	<b>DeLand, FL 32720</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TRUBA, ROBERT</b>	2.2 NAME	<b>Norton, Richard</b>
STREET ADDRESS	<b>821 FREEMAN'S FARM RD</b>	2.3 STREET ADDRESS	<b>2608 Old Church Pl;</b>
CITY-ST-ZIP	<b>DELAND FL</b>	2.4 CITY-ST-ZIP	<b>DeLand, FL 32720</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>VD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHILLIG, WILLIAM</b>	3.2 NAME	<b>←</b>
STREET ADDRESS	<b>855 LANCASTER RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELAND, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WESTERVELT, WILDA C.</b>	4.2 NAME	<b>Giammanco, Ida</b>
STREET ADDRESS	<b>2850 VALLEY FORGE ROAD</b>	4.3 STREET ADDRESS	<b>2865 Valley Forge Rd.</b>
CITY-ST-ZIP	<b>DELAND, FL 00000</b>	4.4 CITY-ST-ZIP	<b>DeLand, FL 32720</b>
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAMLER, ARTHUR</b>	5.2 NAME	<b>York, Sue</b>
STREET ADDRESS	<b>2733 SARATOGA ROAD N.</b>	5.3 STREET ADDRESS	<b>2681 Shenandoah Rd.</b>
CITY-ST-ZIP	<b>DELAND FL</b>	5.4 CITY-ST-ZIP	<b>DeLand, FL 32720</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRANK, LOIS</b>	6.2 NAME	<b>Simser, Sue</b>
STREET ADDRESS	<b>2729 SARATOGA ROAD N.</b>	6.3 STREET ADDRESS	<b>841 Freeman's Farm Rd.</b>
CITY-ST-ZIP	<b>DELAND FL</b>	6.4 CITY-ST-ZIP	<b>DeLand, FL 32720</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address. **Oakleigh E. Caldwell, President (74) 734-2884**

SIGNATURE: *Oakleigh E. Caldwell* DATE **2-21-98**

CR2E087 (10/97)