

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **752274** (1)
1. Corporation Name
BRANDYWINE CONDOMINIUMS ASSOCIATION OF PASCO COUNTY, INC.

Principal Place of Business Mailing Address
9108 US 19 9108 US 19
C/O TROPICAL REALTY C/O TROPICAL REALTY
PORT RICHEY FL 34668 PORT RICHEY FL 34668

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/30/1980** 3a. Date of Last Report **02/15/1994**
4. FEI Number **59-2194902** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
BUERKERT, MARIE C.
TROPICAL REALTY & INV., INC.
9108 US 19
NEW PORT RICHEY FL 34668

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Marie C. Buerkert* DATE **11/18/95**
Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	GOLDRING, DORA
STREET ADDRESS	7109 6 KIRSCH CT.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	PARK, MILDRED
STREET ADDRESS	7104-4 KIRSCH ST.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	ST
NAME	MISCHLER, ROBERTA
STREET ADDRESS	7015-4 COGNAC CT.
CITY-ST-ZIP	NEW PORT, RICHEY, FL
TITLE	PD
NAME	COSTA, AL
STREET ADDRESS	7108 8 KIRSCH CT.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D
NAME	KNILANS, IRENE
STREET ADDRESS	7104 2 KIRSCH CT.
CITY-ST-ZIP	NRE PORT RICHEY FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michael Jamgochian
3.3 STREET ADDRESS	7100 2 Kirsch Ct.
3.4 CITY-ST-ZIP	New Port Richey Fl. 34653
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ST
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Al Costa* DATE **1-18-95** DAYTIME PHONE # **845-1576**
Signature and typed or printed name of signing officer or director