

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 752274 (1)

1. Corporation Name  
**BRANDYWINE CONDOMINIUMS ASSOCIATION OF PASCO COUNTY, INC.**



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

3. Date Incorporated or Qualified: 04/30/1980  
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business (21-23) and Mailing Address (2a-26) fields with sub-headers for Suite, City, State, Zip, and Country.

4. FEI Number: 59-2194902  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85)

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: *Marie C. Buerkert* DATE: 2/21/96

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GOLDRING, DORA	
STREET ADDRESS	7109 6 KIRSCH CT.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARK, MILDRED	
STREET ADDRESS	7104-4 KIRSCH ST.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAMGOCHIAN, MICHAEL	
STREET ADDRESS	7100 2 KIRSCH CT	
CITY-ST-ZIP	NEW PORT, RICHEY, FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	COSTA, AL	
STREET ADDRESS	7108 6 KIRSCH CT.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KNILANS, IRENE	
STREET ADDRESS	7104 2 KIRSCH CT.	
CITY-ST-ZIP	NRE PORT RICHEY FL	
TITLE		<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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 119.07(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 617, 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* PRES DATE: FEB 14, 96 DAYTIME PHONE #: 845-1576

CR2E037 (12/95)