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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 752274 (1)

1. Corporation Name

BRANDYWINE CONDOMINIUMS ASSOCIATION OF PASCO COUNTY, INC.



Principal Place of Business

Mailing Address

9108 US 19
C/O TROPICAL REALTY
PORT RICHEY FL 34668

9108 US 19
C/O TROPICAL REALTY
PORT RICHEY FL 34668-4851

3. Date Incorporated or Qualified
04/30/1980

3a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2194902

Applied For
Not Applicable

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUERKERT, MARIE C.
TROPICAL REALTY & INV., INC.
9108 US 19
NEW PORT RICHEY FL 34668

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD DELETE
NAME GOLDRING, DORA
STREET ADDRESS 7109 6 KIRSCH CT.
CITY-ST-ZIP NEW PORT RICHEY FL

1.1 TITLE D Change Addition
1.2 NAME Lois Galowski
1.3 STREET ADDRESS 7120 1 Cognac Dr.
1.4 CITY-ST-ZIP New Port Richey Fl. 34653

TITLE D DELETE
NAME PARK, MILDRED
STREET ADDRESS 7104-4 KIRSCH ST.
CITY-ST-ZIP NEW PORT RICHEY FL

2.1 TITLE D Change Addition
2.2 NAME Juliette Bourne
2.3 STREET ADDRESS 7109 3 Kirsch Court
2.4 CITY-ST-ZIP New Port Richey Fl. 34653

TITLE D DELETE
NAME JAMGOCHIAN, MICHAEL
STREET ADDRESS 7100 2 KIRSCH CT
CITY-ST-ZIP NEW PORT, RICHEY, FL

3.1 TITLE PD Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD DELETE
NAME COSTA, AL
STREET ADDRESS 7108 6 KIRSCH CT.
CITY-ST-ZIP NEW PORT RICHEY FL

4.1 TITLE Change Addition
4.2 NAME D George Bukowski
4.3 STREET ADDRESS 2211 Iowa Ave.
4.4 CITY-ST-ZIP Superior WI 54880

TITLE ST DELETE
NAME KNILANS, IRENE
STREET ADDRESS 7104 2 KIRSCH CT.
CITY-ST-ZIP NRE PORT RICHEY FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone # 0088325

CR2E037 (9/96)