


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

**FILED**

**Mar 09 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 # 752274 (1)**

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



Principal Place of Business <del>0108 US 19</del> C/O TROPICAL REALTY PORT RICHEY FL 34668	Mailing Address <del>0108 US 19</del> C/O TROPICAL REALTY PORT RICHEY FL 34668
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3. Date Incorporated or Qualified <b>04/30/1980</b>	
4. FEI Number <b>59-2194902</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 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 type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>8406 Mass. Ave.</b> Suite, Apt. #, etc. 22 <b>Suite B1</b> City & State 23 <b>New Port Richey Fl.</b> Zip 24 <b>34653</b>	2a. Mailing Address 26 <b>8406 Mass. Ave.</b> Suite, Apt. #, etc. 27 <b>Suite B1</b> City & State 28 <b>New Port Richey Fl.</b> Zip 29 <b>34653</b>	Country 25 <b>OPasco</b>	Country 30 <b>Pasco</b>
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9. Name and Address of Current Registered Agent

**BUERKERT, MARIE C.**  
**TROPICAL REALTY & INV., INC.**  
~~0108 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) <b>8406 Mass. Ave. Suite B1</b>
83 <b>Prudential Tropical Realty</b>
84 City <b>New Port Richey</b> <b>FL</b> 85 Zip Code <b>34653</b>

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]* DATE **2/23/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>GALOWSKI, LOIS</b>
STREET ADDRESS	<b>7120 1 COGNAC DRIVE</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BOURNE, JULIETTE</b>
STREET ADDRESS	<b>7109 3 KIRSCH COURT</b>
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>JAMGOCHIAN, MICHAEL</b>
STREET ADDRESS	<b>7100 2 KIRSCH CT</b>
CITY-ST-ZIP	<b>NEW PORT, RICHEY, FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BUKOWSKI, GEORGE</b>
STREET ADDRESS	<b>2211 IOWA AVENUE</b>
CITY-ST-ZIP	<b>SUPERIOR WI</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>KNILANS, IRENE</b>
STREET ADDRESS	<b>7104 2 KIRSCH CT.</b>
CITY-ST-ZIP	<b>NRE PORT RICHEY FL</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>Richard Wright</b>
STREET ADDRESS	<b>7101 1 Kirsch Court</b>
CITY-ST-ZIP	<b>New Port Richey Fl. 34653</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Elmer Copiskey</b>
1.3 STREET ADDRESS	<b>7109 4 Kirsch Ct.</b>
1.4 CITY-ST-ZIP	<b>New Port Richey Fl. 34653</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>John Fikse</b>
2.3 STREET ADDRESS	<b>4550 Bay Blvd. #1248</b>
2.4 CITY-ST-ZIP	<b>Port Richey Fl. 34668</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Peter Trost</b>
3.3 STREET ADDRESS	<b>7120 3 Cognac Dr.</b>
3.4 CITY-ST-ZIP	<b>New Port Richey Fl. 34653</b>
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 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]* 1-17-98 PH80347

CR2E037 (1097)