NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # 752274**

1. Corporation Name

BRANDYWINE CONDOMINIUMS ASSOCIATION OF PASCO COU NTY, INC.

## **FILED** Mar 10, 1999 8:00 am \$\frac{8}{8}\$ Secretary of State

03-10-1999 90171 015 \*\*\*\*61.25

1							
Principal Place of Business Mailing Address							
8406 MASS. AVE.		8406 MASS, AVE.					
SUITE B1 4 / NEW PORT RICHEY FL 34653		SUITE 49 / / NEW PORT RICHEY FL 34653					
US		US					
- 0.00	Place of Business	2a. Mailing Address	_	3. Date incorporated or Qualifed	j		
21 8406 MASS. AVE. 26 8406 MASS. A		/E	04/30/1980				
<u></u>		Suite, Apt. #, etc.		4. FEI Number 59-2194902		<del> </del>	plied For
22   SUITE A1   27   SUITE A1   City & State   City & State		27 SUITE A1		39-2 194902		\$8.75 A	t Applicable
		⊢¬	IEV FT.	5. Certifcate of Status Desired		Fee Re	
Zíp Country Zip			Country	6. Election Campaign Financing		\$5.00	
24 346	53 <b>25</b> UŚ	29 34653 3	o US	Trust Fund Contribution		Added t	- 1
	9. Name and Address of Current			10. Name and Address of New	Registered		
			81 Name	DUCTOR MADIE C			
BUERKER	RT, MARIE C.			RKERT, MARIE C. Address (P.O. Box Number is Not Accep	table)		
8406 MASS: AVE. SUITE B4 A /				6 MASS. AVE. SUITE A			
PRUDENTIAL TROPICAL REALTY			83 PRU	DENTIAL TROPICAL REAL	TY		ļ
NEW PORT RICHEY FL 34653			84 City NEW	PORT RICHEY,	FL	85 Zip C	Code 653
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	, the above-named	corporation submits this statement for the ration's board of directors. I hereby acce	purpose of	changing its	registered
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	ons of, Section 617.0503, Florid	a Statutes.	ration's board of directors, I hereby acce	pt the appoi	nunent as reg	gistered
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re			egistered Agent signature re		DATE AN	D DIRECTO	DC (A) 12
12.	T.	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO O	FFICERS AN	Change	Addition
TITLE	D   Galowski, Lois		1.2 NAME	LARUE, MARY		☐ Gridinge	(AL AGUIDATI
NAME STREET ADDRESS			1.3 STREET ADDRESS	7108 3 KIRSCH COURT			
	NEW PORT RICHEY FL 3465	53	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	34653		ĺ
CITY-ST-ZIP	D	DELETE	2.1 TITLE	D	_34033	Change	Addition
NAME	COPISKEY, ELMER		2.2 NAME	WRIGHT, RICHARD			- T
STREET ADDRESS	1		2 3 STREET ADDRESS	7101 1 KIRSCH COURT			
CITY-ST-ZIP	NEW PORT RICHEY FL 34653		2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL	34653		
TITLE	D	☐ DELETE	3.1 TITLE			Change	Addition
NAME	FIKSE, JOHN		3.2 NAME			-	
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP	PORT RICHEY FL 34668	_	3.4. CITY- ST- ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			Change	Addition
NAME	BUKOWSKI, GEORGE		4. 2 NAME				
STREET ADDRESS	2211 IOWA AVENUE		4.3 STREET ADDRESS				-
CITY-ST-ZIP	SUPERIOR WI 54880-01		4.4 CITY-ST-ZIP				
TITLE	ST	☐ OELETE	5.1 TITLE			☐ Change	Addition
NAME	KNILANS, IRENE		<b>=</b> .				
			5.2 NAME				
STREET ADDRESS	7104 2 KIRSCH CT.		5.3 STREET ADDRESS				}
STREET ADDRESS CITY-ST-ZIP		3	5.3 STREET ADORESS 5.4 CITY-ST-ZIP				
,	7104 2 KIRSCH CT.  NRE PORT RICHEY FL 34653  D		5.3 STREET ADORESS 5.4 CITY-ST-ZIP 6.1 TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
CITY-ST-ZIP	7104 2 KIRSCH CT. NRE PORT RICHEY FL 34653	3	5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME			Change	Addition
CITY-ST-ZIP	7104 2 KIRSCH CT.  NRE PORT RICHEY FL 34653  D  TROST, PETER	3	5.3 STREET ADORESS 5.4 CITY-ST-ZIP 6.1 TITLE			Change	Addition

CITY-ST-ZIP NEW PORT RICHEY FL 34653
 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 rue 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, with all other like empowered.

SIGNATURE: