

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90324 042 ****61.25

DOCUMENT # 752274
 1. Entity Name
BRANDYWINE CONDOMINIUMS ASSOCIATION OF PASCO COU

| | |
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| Principal Place of Business C/O CALIBER CONDOMINIUM MANAGEMENT, INC. 1801 PEPPERTREE DRIVE OLDSMAR FL 34677 US | Mailing Address C/O CALIBER CONDOMINIUM MANAGEMENT, INC. 1801 PEPPERTREE DRIVE OLDSMAR FL 34677-2741 US |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 1/1 CALIBER MGT, INC Suite, Apt. #, etc. 35708 US 19 NORTH City & State PAUM HARBOR FL Zip 34684 Country USA | 3. Mailing Address 1/1 CALIBER MGT, INC Suite, Apt. #, etc. 35708 US 19 NORTH City & State PAUM HARBOR FL Zip 34684 Country USA |
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| 4. FEI Number 59-2194902 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent
BUERKERT, MARIE C.
8406 MASS. AVE. STE. A1
PRUDENTIAL TROPICAL REALTY
NEW PORT RICHEY FL 34653

7. Name and Address of New Registered Agent
 Name
JOSEPH R. CIANFRONE
 Street Address (P.O. Box Number is Not Acceptable)
1968 BAYSHORE BLVD
 City
DUNEDIN FL Zip Code
34698

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *[Signature]* DATE **4/18/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make Check Payable to Department of State |
|---|--|------------------------------------|--|

10. OFFICERS AND DIRECTORS

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|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GALOWSKI, LOIS 7120 1 COGNAC DRIVE NEW PORT RICHEY FL 34653 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COPISEY, ELMER 7109 4 KIRSCH CT. NEW PORT RICHEY FL 34653 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FIKSE, JOHN 4550 BAY BLVD. #1248 PORT RICHEY FL 34668 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUKOWSKI, GEORGE 2211 IOWA AVENUE SUPERIOR WI 54880-0130 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST KNILANS, IRENE 7104 2 KIRSCH CT. NRE PORT RICHEY FL 34653 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TROST, PETER 7120 3 COGNAC DRIVE NEW PORT RICHEY FL 34653 | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|------------------------------------|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GALOWSKI, LOIS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **04/26/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR