


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 17, 2004 8:00 am**  
**Secretary of State**

03-17-2004 90025 050 \*\*\*\*61.25

**DOCUMENT # 752274**

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



Principal Place of Business  
**C/O CALIBER MGT, INC.  
32708 US 19 NORTH  
PALM HARBOR, FL 34684 US**

Mailing Address  
**C/O CALIBER MGT, INC.  
32708 US 19 NORTH  
PALM HARBOR, FL 34684 US**



2. Principal Place of Business  
**INTEGRITY ASSN. MGT.**

3. Mailing Address  
**INTEGRITY ASSN MGT**

Suite, Apt. #, etc.  
**701 ENTERPRISE RD EAST**

City & State  
**SAFETY HARBOR FL**

Zip  
**34695**

Country  
**USA**

01262004 Chg-NP CR2E037 (10/03)

FEI Number  
**59-2194902**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**CIANFRONE, JOSEPH R  
1968 BAYSHORE BLVD  
DUNEDIN, FL 34698**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> Delete
NAME	GALOWSKI, LOIS	
STREET ADDRESS	7120 1 COGNAC DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	FIKSE, JOHN	
STREET ADDRESS	4550 BAY BLVD. #1248	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	NOLAN, CHARLES	
STREET ADDRESS	7025-4 COGNAC DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TROST, PETER	
STREET ADDRESS	7120 3 COGNAC DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MARSH, ANN	
STREET ADDRESS	PO BOX 852	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34656	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALOWSKI	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETH SAED	
STREET ADDRESS	7108-2 KIRSCH CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARON HAXTON	
STREET ADDRESS	7035-6 KIRSCH CT.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVIA HAGER	
STREET ADDRESS	7108-1 KIRSCH CT	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL TRAFICANTE	
STREET ADDRESS	7104-1 KIRSCH CT.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Sylvia F. Hager SYLVIA F. HAGER PRESIDENT 2-16-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #