
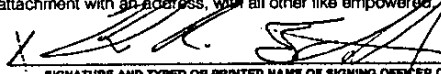


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90272 039 ****61.25

DOCUMENT # 752274 1. Entity Name BRANDYWINE CONDOMINIUMS ASSOCIATION OF PASCO COUNTY, INC.			
Principal Place of Business INTEGRITY ASSN., MGT. 11235 OSCEOLA DR NEW PORT RICHEY, FL 34654 US		Mailing Address INTEGRITY ASSN., MGT. PO BOX 1407 PORT RICHEY, FL 34673 US	
2. Principal Place of Business Coastal Mgt. Suite, Apt. #, etc. 6710 Embassy Blvd. Ste 204		3. Mailing Address P.O. Box 1407 Suite, Apt. #, etc.	
City & State Port Richey, FL Zip 34668 Country US		City & State Port Richey, FL Zip 34673 Country US	
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 MYSZKOZIAK, MARY ANN 11235 OSCEOLA DR NEW PORT RICHEY, FL 34654		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6710 Embassy Blvd. Suite 204 City Port Richey FL Zip Code 34668	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FORTUNATO, KEVIN 7025-1 COGNAC DR NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAED, BETTY 71082 KIRSCH CT. NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAXTON, SHARON 7035-6 KIRSCH CT. NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, SALLY 7109-4 KIRSCH CT NEW PORT RICHEY, FL 34653	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRON, ED 7025-6 COGNAC DR NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Glenn Greer 2665 Woodhall Terrace Palm Harbor, FL 34685	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Bob McArdle 7015-2 Cognac Dr. New Port Richey, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bob Martin 7025-2 Cognac Dr. New Port Richey, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		Date 727-859-9784 Daytime Phone #	