


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 752274**

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



Principal Place of Business <b>COASTAL MGT.          6710 EMBASSY BLVD SUITE 204          PORT RICHEY, FL 34668 US</b>	Mailing Address <b>PO BOX 1407          PORT RICHEY, FL 34673 US</b>
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**DO NOT WRITE IN THIS SPACE**



04062007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2194902</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARY ANN MYSZKOWSKI**  
**6710 EMBASSY BLVD SUITE 204**  
**PORT RICHEY, FL 34668**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORTUNATO, KEVIN 7025-1 COGNAC DR NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GREER, GLENN 2665 WOODHALL TERRACE PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCARDLE, BOB 7015-2 COGNAE DR NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, SALLY 7109-4 KIRSCH CT NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, BOB 7025-2 COGNAE DR NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000725373  
 05/03/07-80020-004 61.25

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: Anthony Glenn Greer **TREASURER, ANTHONY GLENN GREER** 4/19/07

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