

**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

**COASTAL MGT.  
6710 EMBASSY BLVD SUITE 204  
PORT RICHEY, FL 34668 US**

Mailing Address

**PO BOX 1407  
PORT RICHEY, FL 34673 US**

**DO NOT WRITE IN THIS SPACE**



04062007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-2194902**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MYSZKOWSKI, MARY ANN  
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

Signature, typed or printed name of registered agent and title if applicable.

(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 COGNAC 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 COGNAC DR  
NEW PORT RICHEY, FL 34653**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000725373  
05/03/07-80020-004 61.25

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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