

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752274

FILED
Mar 12, 2009
Secretary of State

Entity Name: BRANDYWINE CONDOMINIUMS ASSOCIATION OF PASCO COUNTY, INC.

Current Principal Place of Business:

5901 US HWY 19
STE 7Q
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5901 US HWY 19
SUITE 7 Q
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 59-2194902 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MANAGEMENT
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CALANDRA, DOMINIC
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP () Delete
Name: JOHNSON, SALLY
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD () Delete
Name: SAED, BETTY
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SD () Delete
Name: BOLIBRZUCH, JAMES
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: MARTIN, BOB
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY WHITE

AGEN

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date