

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752274

FILED  
Apr 26, 2012  
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

**Current Mailing Address:**

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

**New Principal Place of Business:**

QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HIGHWAY 19, SUITE #7Q  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

QUALIFIED PROPERTY MANAGEMENT, INC.  
5901 US HIGHWAY 19, SUITE #7Q  
NEW PORT RICHEY, FL 34652 US

**FEI Number:** 59-2194902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C/O QUALIFIED PROPERTY MGMT INC  
5901 US HWY 19  
SUITE 7Q  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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

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: MARY A. WHITE

04/26/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: TRAFICANTE, DONNA  
Address: 5901 US HWY 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SEC  
Name: MCARDLE, BOB  
Address: 5901 US HWY 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP  
Name: GREIR, GLENN  
Address: 5901 US HWY 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TREA  
Name: MCARDLE, BOB  
Address: 5901 US HWY 19, STE 7Q  
City-St-Zip: NEW PORT RICHEY, FL 34652 US

I hereby 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 all other like empowered.

SIGNATURE: DONNA TRAFICANTE

PRES

04/26/2012

Electronic Signature of Signing Officer or Director

Date