

752274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

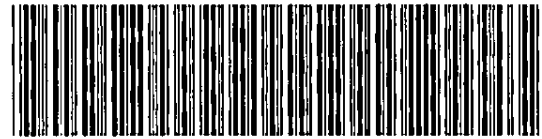
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

1092-2575-



400317724414

09/04/18--01029--011 \$+35.00

FILED
2018 SEP 28 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN
OCT -2 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Brandywine Condominiums Association of Pasco County Inc.
Name of Corporation

DOCUMENT NUMBER: 59-2194902

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MaryAnn Syraski
Name of Contact Person

Coastal HOA Management Serv. Inc.
Firm/Company

Po Box 1407
Address

Port Richey, FL 34673
City/State and Zip Code

acctcoastalhoamngt@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MaryAnn Syraski at (727) 859-9734
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEP 17 2018

September 7, 2018

MARYANN SYRASKI
POST OFFICE BOX 1407
PORT RICHEY, FL 34673

SUBJECT: BRANDYWINE CONDOMINIUMS ASSOCIATION OF PASCO
COUNTY, INC.
Ref. Number: 752274

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 618A00018577

RECEIVED
18 SEP 28 AM 11:40
SECRETARY
TALLAHASSEE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Brandywine Condominium Association of Pasco County Inc
2. The principal office address: 6454 Ridge Rd, Port Richey, FL 34668
3. The mailing address (if different): PO Box 1407, Port Richey, FL 34673
4. Date of incorporation/qualification: 04/30/1980 Document number: 752274
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Qualified Property Management, Inc
5901 US Hwy 19 Suite 70
New Port Richey, FL 34652

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Coastal HOA Management Services Inc.
6454 Ridge Rd
Port Richey, FL 34668

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Heather Miller
Signature of an officer or director

Heather Miller
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

8-18-18
Date

If signing on behalf of an entity:
Mary Ann Suraski
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32311

2018 SEP 28 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FL
FILED