

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90664 003 ****61.25

UBR00133

DOCUMENT # 752274

1. Entity Name

BRANDYWINE CONDOMINIUMS ASSOCIATION OF PASCO COUNTY, INC.



Principal Place of Business

C/O CALIBER MGT. INC.
32708 US 19 NORTH
PALM HARBOR FL 34684
US

Mailing Address

C/O CALIBER MGT. INC.
32708 US 19 NORTH
PALM HARBOR FL 34684
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2194902**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

CIANFRONE, JOSEPH R
1968 BAYSHORE BLVD
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	GALOWSKI, LOIS	
STREET ADDRESS	7120 1 COGNAC DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COPISEY, ELMER	
STREET ADDRESS	7109 4 KIRSCH CT.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FIKSE, JOHN	
STREET ADDRESS	4550 BAY BLVD. #1248	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	NOLAN, CHARLES	
STREET ADDRESS	7025-4 COGNAC DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TROST, PETER	
STREET ADDRESS	7120 3 COGNAC DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANN MARIE MARSH	
STREET ADDRESS	PO BOX 852	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

PETER TROST
PETER TROST

3-17-03

727-772-1996

CR2E037 (10/02)