

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

Jan 31 1996 8:00 am

Secretary of State

DOCUMENT # **755412** (4)

1. Corporation Name

BRANDYCHASE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

C/O CARL SABATELLO
5604 PGA BLVD. SUITE 109
PALM BEACH GARDENS FL 33418
US

Mailing Address

C/O CARL SABATELLO
5604 PGA BLVD. SUITE 109
PALM BEACH GARDENS FL 33418
US



3. Date Incorporated or Qualified
12/05/1980

3a. Date of Last Report
04/12/1995

2. Principal Place of Business
21 **5610 PGA Blvd.**

2a. Mailing Address
26 **5610 PGA Blvd.**

4. FEI Number
59-2670612

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **Ste # 114**

Suite, Apt. #, etc.
27 **Ste # 114**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 **Palm Beach Gardens, FL**

City & State
28 **Palm Beach Gardens, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 **33418** Country
25 **USA**

Zip
29 **33418** Country
30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SABATELLO, CARL
5604 PGA BLVD
SUITE 109
PALM BEACH GARDENS FL 33418

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STD** ☐ DELETE
NAME **RUSSO, JOSEPH**
STREET ADDRESS **5604 PGA BLVD, SUITE 109**
CITY-ST-ZIP **PALM BEACH GARD. FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **P** ☐ DELETE
NAME **SABATELLO, CARL**
STREET ADDRESS **5604 PGA BLVD, SUITE 109**
CITY-ST-ZIP **PALM BCH. GARDENS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **SABATELLO, MICHAEL**
STREET ADDRESS **5604 PGA BLVD, SUITE 109**
CITY-ST-ZIP **PALM BCH. GARDENS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **SABATELLO, THEODORE**
STREET ADDRESS **5604 PGA BLVD STE 109**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carl M. Sabatello, President

1-22-96

(407) 626-7600

Date

Daytime Phone #

CR2E037 (12/95)