


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED

97 NOV -5 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **755412** (4)
1. Corporation Name
BRANDYCHASE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 5610 PGA BLVD STE #114 PALM BEACH GARDENS FL 33418 US	Mailing Address 5610 PGA BLVD STE #114 PALM BEACH GARDENS FL 33418 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 David Associates Suite, Apt. #, etc. 22 Suite 207 City & State 23 Palm Beach, Fl. Zip 24 33480	2a. Mailing Address 26 204 Brazilian Ave., Suite, Apt. #, etc. 27 Suite 207 City & State 28 Palm Beach Zip 29 33480
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3. Date Incorporated or Qualified 12/05/1980	3a. Date of Last Report 01/31/1996
4. FEI Number 59-2670612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SABATELLO, CARL 5604 PGA BLVD SUITE 109 PALM BEACH GARDENS FL 33418	10. Name and Address of New Registered Agent 81 Name Timothy Kenney, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 189 Bradly Place 83 84 City Palm Beach FL 85 Zip Code 33480
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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 *Timothy Kenney* 9/5/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RUSSO, JOSEPH 5604 PGA BLVD, SUITE 109 PALM BEACH GARD. FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President (Pp) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Alfred Marulli 214 Brazilian Ave. Ste. 207 Palm Beach, FL.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SABATELLO, CARL 5604 PGA BLVD, SUITE 109 PALM BCH. GARDENS FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Treas/Sect (STD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MS. Cameron Crane 214 Brazilian Ave. Palm Beach FL. 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SABATELLO, MICHAEL 5604 PGA BLVD, SUITE 109 PALM BCH. GARDENS FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Vice President (VD) <input type="checkbox"/> Change <input type="checkbox"/> Addition Barbara Marulli 214 Brazilian Ave., Ste. 207 Palm Beach, FL. 33480
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SABATELLO, THEODORE 5604 PGA BLVD STE 109 PALM BEACH GARDENS FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	700002344907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition -11/12/97--01091--008 *****70.00 *****70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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]* 9/5/97
Signature REQUIRED

CR2E037 (4/97)