


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90326 005 ****61.25

DOCUMENT # 764390					
1. Entity Name BRANDYWINE VILLAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2909 REVERE PL DELAND, FL 32720 US			Mailing Address 2909 REVERE PL DELAND, FL 32720 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2263635	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAKER, MOLLY 2902 REVERE PL DELAND, FL 32720			7. Name and Address of New Registered Agent Name <u>McCoy, Dick</u> Street Address (P.O. Box Number is Not Acceptable) <u>940 VILLAGE GREEN RD.</u> City <u>DELAND</u> FL <u>32720</u>		
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 <u>DICK MCCOY, PRESIDENT</u>		<u>Dick McCoy</u>		DATE <u>4/16/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	T KOHLER, JUDY 2905 REVERE PLACE DELAND, FL 32720	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DESHAW, LINDA 914 VILLAGE GREEN RD DELAND, FL 32720	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP DETWILER, DAVID 2919 REVERE PLACE DELAND, FL 32720	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KRASKIN, BARBARA 906 VILLAGE GREEN RD DELAND, FL 32720	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BAKER, MOLLY 2902 REVERE PL DELAND, FL 32720	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P McCoy, DICK 940 VILLAGE GREEN RD. DELAND, FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SMITH, JEFF 924 VILLAGE GREEN RD. DELAND, FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STURNICK, EILEEN 954 VILLAGE GREEN RD DELAND, FL 32720	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Molly Baker</u>		<u>MOLLY BAKER</u>		DATE <u>4-11-07</u> 386-736-0818	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40063730



04102007 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable