

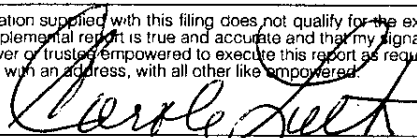


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # N00813 1. Entity Name BRANDYWINE CONDOMINIUM TWO OF PASCO COUNTY ASSOCIATION, INC.							
Principal Place of Business 6710 EMBASSY BLVD, STE 204 PORT RICHEY, FL 34668		Mailing Address P.O. BOX 1407 PORT RICHEY, FL 34673					
<p style="font-size: 24px; opacity: 0.5; text-align: center;">DO NOT WRITE IN THIS SPACE</p>		<div style="text-align: center;">  </div> <div style="display: flex; justify-content: space-between; font-size: 10px;"> 04252008 No Chg-NP CR2E037 (4/06) </div> <table border="1" style="width:100%; border-collapse: collapse; font-size: 8px;"> <tr> <td style="width: 60%;">4. FEI Number 59-2384352</td> <td style="width: 40%;">Applied For <input type="checkbox"/> Not Applicable</td> </tr> <tr> <td colspan="2">5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required</td> </tr> </table>		4. FEI Number 59-2384352	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 59-2384352	Applied For <input type="checkbox"/> Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent MYSZKOWIAK, MARY A 6710 EMBASSY BLVD, STE 204 PORT RICHEY, FL 34668		<p style="font-size: 24px; opacity: 0.5; text-align: center;">DO NOT WRITE IN THIS SPACE</p>					
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 _____ (NOTE: Registered Agent signature required when retesting) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS		<div style="text-align: center; font-size: 12px;"> U000000947263 06/02/08-80007-015 61.25 </div> <p style="font-size: 24px; opacity: 0.5; text-align: center;">DO NOT WRITE IN THIS SPACE</p>					
TITLE	VPD						
NAME	CARRAHER, RICHARD						
STREET ADDRESS	7147 TRENTON PLACE						
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653						
TITLE	PD						
NAME	LUTH, CAROL						
STREET ADDRESS	7033 PAUL RVERE						
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653						
TITLE	STD						
NAME	GOSE, BARBARA						
STREET ADDRESS	7151 TRENTON PLACE						
CITY-ST-ZIP	PORT RICHEY, FL 34668						
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
TITLE							
NAME							
STREET ADDRESS							
CITY-ST-ZIP							
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: 		Date 4-25-08 Daytime Phone # _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							