

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90149 015 ****61.25

DOCUMENT # N00817

1. Entity Name
**BRANDYWINE CONDOMINIUMS OF PASCO COUNTY
MASTER ASSOCIATION, INC.**



Principal Place of Business
**11235 OSCEOLA DR
NEW PORT RICHEY, FL 34654 US**

Mailing Address
**PO BOX 1407
PORT RICHEY, FL 34673 US**



2. Principal Place of Business

Suite, Apt. #, etc.

**Coastal Mgt.
6710 Embassy Blvd. St. 204**

City & State
Port Richey FL

Zip
34668 Country
US

3. Mailing Address

Suite, Apt. #, etc.

P.O. Box 1407

City & State
Port Richey, FL

Zip
34673 Country
US

04042006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2384355

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MYSZKOWIAK, MARY ANN
11235 OSCEOLA DR
NEW PORT RICHEY, FL 34654**

7. Name and Address of New Registered Agent

Name **Mary Ann Myszkowiak**

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

6710 Embassy Blvd. Suite 204

City **Port Richey** **FL** Zip Code **34668**

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE **VD** ☐ Delete
NAME **FORTUNATO, KEVIN**
STREET ADDRESS **7025-1 COGNAC DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **SD** ☒ Delete
NAME **VAN AULKENBERG, PAT**
STREET ADDRESS **7028 PAUL REVERE TRACE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **TD** ☐ Delete
NAME **SCHLOTTER, FRANK**
STREET ADDRESS **PO BOX 3256**
CITY-ST-ZIP **HOLIDAY, FL 34690**

TITLE **PD** ☐ Delete
NAME **SAED, BETTY**
STREET ADDRESS **7108-2 KIRSCH CT**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **D** ☐ Delete
NAME **GOSE, BARBARA**
STREET ADDRESS **7151 TRENTON PL**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 **Frank C Schlotter, Pres.**