2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N01224

1. Entity Name

BRANDYWINE ASSOCIATION OF CONDOMINIUM OWNERS, INC.



FILED Feb 11, 2008 08:00 A Secretary of State

Principal Place of Business

2811 S.W. ARCHER RD. GAINESVILLE, FL 32608

Mailing Address

P.O. BOX 143086 GAINESVILLE, FL 32614

US



01242008 No Chg-NP

CR2E037 (4/06)

4. FEI Number			Applied For
59-2462942	 		Not Applicable
5. Certificate of Status Desired	\$8.7	_	Additional

Carried Commence (1987)

SLODZINSKI, ROXANNE 2811 SW ARCHER RD OFFICE GAINESVILLE, FL 32608

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	tions of registered agent.	ing its registered office of registered agent, or be	in, in the Sizie of Florida.	, am jamma, with, and accopt
SIGNATURE	· ·	· .		
	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	D	ATE
-		· ·		

Filing Fee is \$61.25 Due by May 1, 2008 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

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l	10.	OFFICERS AND DIRECTORS			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLODSINSKI, ROXANNE 1311 NW 98TH TERR. GAINESVILLE, FL 32606			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS NORTHSEA, BARBARA 10611 NW 9TH RD GAINESVILLE, FL 32606			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEVITT, MARC 2811 SW ARCHER RD #L102 GAINESVILLE, FL 32608			
	TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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	TITLE NAME STREET ADDRESS				

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DO NOT WRITE
IN THIS SPACE

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.

CICMATUDE.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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352-373-7904

Daytime Ph