

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90228 025 \*\*\*\*70.00

**DOCUMENT # N10095**

1. Entity Name  
**BRANDYWINE ESTATES HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business  
**2263 W NEW HAVEN AVE  
PMB 387  
W MELBOURNE, FL 32904**

Mailing Address  
**2263 W NEW HAVEN AVE  
PMB 387  
W MELBOURNE, FL 32904**

**60001726**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01062006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-2575730**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOURITSEN, PAUL  
205 LAGO CIRCLE  
APT. 103  
WEST MELBOURNE, FL 32904**

Name **PAUL MOURITSEN**

Street Address (P.O. Box Number is Not Acceptable)  
**2480 Brandywine Lane**

City **West Melbourne** FL Zip Code **32904**

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

*Paul Mouritsen*  
Signature, typed or printed name of registered agent and title if applicable.

**Paul Mouritsen, Pres.**

**1/11/2006**

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **P MOURITSEN, PAUL**  
STREET ADDRESS **205 LAGO CIRCLE, APT. 103**  
CITY - ST - ZIP **W MELBOURNE, FL 32904**

TITLE ☒ Change ☐ Addition  
NAME **Paul Mouritsen**  
STREET ADDRESS **2480 Brandywine Lane**  
CITY - ST - ZIP **West Melbourne, FL 32904**

TITLE ☒ Delete  
NAME **D ZERKOWSKI, ROBERT**  
STREET ADDRESS **2480 GRASSMERE DR.**  
CITY - ST - ZIP **MELBOURNE, FL 32904**

TITLE ☐ Change ☒ Addition  
NAME **Randy Heilman**  
STREET ADDRESS **4765 Sugar Creek Dr**  
CITY - ST - ZIP **West Melbourne, FL 32904**

TITLE ☐ Delete  
NAME **T UNGER, GEORGE D**  
STREET ADDRESS **4804 SWEET GUM PL**  
CITY - ST - ZIP **W MELBOURNE, FL 32904**

TITLE ☐ Change ☒ Addition  
NAME **Bertrand J. Forest**  
STREET ADDRESS **4795 Sugar Creek Dr**  
CITY - ST - ZIP **West Melbourne FL 32904**

TITLE ☐ Delete  
NAME **VP KNIGHT, BOB**  
STREET ADDRESS **2263 W NEW HAVEN**  
CITY - ST - ZIP **MELBOURNE, FL 32904**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME **S KNIGHT, DRU**  
STREET ADDRESS **2263 W NEW HAVEN**  
CITY - ST - ZIP **W MELBOURNE, FL 32904**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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:

*Paul Mouritsen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/11/2006**

Date

Daytime Phone #