

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

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**



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2575730

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOURITSEN, PAUL
2480 BRANDYWINE LANE
WEST MELBOURNE, FL 32904**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000859149
04/02/08-80010-015 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MOURITSEN, PAUL
2480 BRANDYWINE LANE
WEST MELBOURNE, FL 32904**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BERTRAND, FOREST J
4795 SUGAR CREEK DR.
WEST MELBOURNE, FL 32904**

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HEILMAN, RANDY
4765 SUGAR CREEK DR
WEST MELBOURNE, FL 32904**

**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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/24/08 321 223 8913