

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90029 031 \*\*\*\*61.25

40038737



01092008 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N19161</b> 1. Entity Name <b>BRANDYWINE HOMEOWNERS ASSOCIATION OF BROWARD COUNTY, INC.</b>					
Principal Place of Business <b>2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020 US</b>			Mailing Address <b>2035 HARDING STREET SUITE 200 HOLLYWOOD, FL 33020 US</b>		
2. Principal Place of Business - No P.O. Box # <b>10112 USA TODAY WAY</b>		3. Mailing Address <b>10112 USA TODAY WAY</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State, <b>MIRAMAR, FLORIDA</b>		City & State <b>MIRAMAR, FLORIDA</b>		4. FEI Number <b>65-0039984</b>	
Zip <b>33005</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33005</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RANDALL K. ROGER &amp; ASSOCIATES, PA 621 NW 53 ST SUITE 300 BOCA RATON, FL 33487</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD LINDER, MICHAEL 744 CUMBERLAND TERR. DAVIE, FL 33325</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD DEVANEY, MICHAEL 13751 CUMBERLAND PLACE DAVIE, FL 33325</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD FENNEL, BARRY 820 CUMBERLAND TERRACE DAVIE, FL 33325</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD CLINTON, KAREN 14005 LANGLEY PLACE DAVIE, FL 33325</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PERAZA, CINDY 13821 CUMBERLAND PLACE DAVIE, FL 33325</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Michael A Devaney</b>					
Date <b>13 FEB 08</b> Daytime Phone # <b>(954) 982-3514</b>					