

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 11 AM 10:38

DOCUMENT # N22850 1. Entity Name BRANDYWINE III PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 7162 SW QUINCY TERRACE HOBE SOUND, FL 33455 US			Mailing Address 7162 SW QUINCY TERRACE HOBE SOUND, FL 33455 US		
2. Principal Place of Business - No P.O. Box # 7162 SE Quincy Terrace		3. Mailing Address 7113 SE Quincy Terrace			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Hobe Sound FL.		City & State Hobe Sound, FL.		4. FEI Number 65-0236375	
Zip 33455		Country US		Applied For <input type="checkbox"/> Not Applicable	
Zip 33455		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORNETT, JANE L. ESQ. 401 EAST OSCEOLA STREET 1ST. FLOOR STUART, FL 34995				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;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STAPLETON, WILLIAM 7162 SE QUINCY TERRACE HOBE SOUND, FL 33455	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRELL, DELIA 7210 SE QUINCY TERRACE HOBE SOUND, FL 33455	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANNON, BONNIE 7113 SE QUINCY TERR. HOBE SOUND, FL 33455	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Bonita M. Shannon</u> 2-6-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



01282008 REIN-NP CR2E099 (1/07)

100117720004
02/11/08--01043--002 **122.50

REINSTATEMENT

772-546-8456