


FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000003103 (7)</b> 1. Corporation Name <b>BRANDON VILLAGE CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>% INTEGRATED HEALTH SERVICES 10065 RED RUN BLVD. OWINGS MILLS MD 21117</b>		Mailing Address <b>% INTEGRATED HEALTH SERVICES 10065 RED RUN BLVD. OWINGS MILLS MD 21117</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>06/27/1995</b>			
4. FEI Number <b>NOT APPLICABLE</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input checked="" type="checkbox"/> DELETE NAME <b>PD CIRKA, LAWRENCE P</b> STREET ADDRESS <b>10065 RED RUN BLVD.</b> CITY-ST-ZIP <b>OWINGS MILLS MD 21117</b>		1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>PD ROBERT N ELKINS</b> 1.3 STREET ADDRESS <b>Integrated Health Services, Inc.</b> 1.4 CITY-ST-ZIP <b>10065 Red Run Blvd. Owings Mills, MD 21117</b>	
2.1 TITLE <input type="checkbox"/> DELETE NAME <b>VP FULCHINO, MARK L</b> STREET ADDRESS <b>10065 RED RUN BLVD.</b> CITY-ST-ZIP <b>OWINGS MILLS MD 21117</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE NAME <b>CAOT BENENTT, W. BRADLEY</b> STREET ADDRESS <b>10065 RED RUN BLVD.</b> CITY-ST-ZIP <b>OWINGS MILLS MD 21117</b>		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE NAME <b>SD LEVIN, MARC B</b> STREET ADDRESS <b>10065 RED RUN BLVD.</b> CITY-ST-ZIP <b>OWINGS MILLS MD 21117</b>		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE NAME <b>D ELKINS, MARSHALL A</b> STREET ADDRESS <b>10065 RED RUN BLVD.</b> CITY-ST-ZIP <b>OWINGS MILLS MD 21117</b>		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <u>Mark Fulchino</u> <u>4/25/98</u> <u>(410) 998-8578</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0078272			

CR2E037 (10/97)