

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006195

FILED  
Jan 05, 2005  
Secretary of State

**Entity Name:** BRANDYWINE NORTH HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

779 E MERRITT ISLAND CAUSEWAY  
PMB 753  
MERRITT ISLAND, FL 32952

**New Principal Place of Business:**

**Current Mailing Address:**

779 E MERRITT ISLAND CAUSEWAY  
PMB 753  
MERRITT ISLAND, FL 32952

**New Mailing Address:**

**FEI Number:** 59-3445356

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAFIZI, HAMID  
779 E MERRITT ISLAND CAUSEWAY  
PMB 753  
MERRITT ISLAND, FL 32952 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: HAFIZI, HAMID  
Address: 2000 NORTH TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP ( ) Delete  
Name: VILLANUEVA-HAFIZI, JERRI A  
Address: 2000 NORTH TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP ( ) Delete  
Name: HAFIZI, DAVID  
Address: 2000 NORTH TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: VP ( ) Delete  
Name: HAFIZI, MARYAM  
Address: 2000 NORTH TROPICAL TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAMID HAFIZI

P

01/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date