

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-29-2002 90201 047 ****61.25

DOCUMENT # N98000005770

1. Entity Name
BRANDYWINE LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business 9471 BAYMEADOWS ROAD STE. 403 JACKSONVILLE FL 32256	Mailing Address 9471 BAYMEADOWS ROAD STE. 403 JACKSONVILLE FL 32256
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87330



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 920 Third Street	3. Mailing Address 920 Third Street
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Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc. Suite B
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City & State Neptune Beach, FL	City & State Neptune Beach, FL
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4. FEI Number 59-3639744	Applied For Not Applicable
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Zip 32266	Country USA	Zip 32266	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ATKERSON, CHARLES F JR.
9471 BAYMEADOWS ROAD STE. 403
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent
 Name: **L. Denise Wallace**
 Street Address (P.O. Box Number is Not Acceptable):
920 Third Street
Suite B
 City: **Neptune Beach** FL Zip Code: **32266**

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.
 SIGNATURE: **L. DENISE WALLACE** DATE: **3-22-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE SDVT	<input type="checkbox"/> Delete
NAME ATKERSON, CHARLES	
STREET ADDRESS 9471 BAYMEADOWS ROAD STE. 403	
CITY-ST-ZIP JACKSONVILLE FL 32256	
TITLE DP	<input type="checkbox"/> Delete
NAME WAKEFIELD, SERENA L	
STREET ADDRESS 9471 BAYMEADOWS ROAD STE. 403	
CITY-ST-ZIP JACKSONVILLE FL 32256	
TITLE D	<input type="checkbox"/> Delete
NAME ATKERSON, CHRISTIE A	
STREET ADDRESS 9471 BAYMEADOWS ROAD STE. 403	
CITY-ST-ZIP JACKSONVILLE FL 32256	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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: **Charles F. Atkinson** Date: **4/12/02** Daytime Phone #: **904-739-2202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)