


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90188 038 ****61.25

DOCUMENT # N98000005770					
1. Entity Name BRANDYWINE LAKES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266			Mailing Address 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04052007 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-3639744				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALLACE, L. DENISE 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIPPELMAN, ROBERT <input type="checkbox"/> Delete P O BOX 60514 JACKSONVILLE, FL 32226		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD WINGATE, CLARENCE JR <input checked="" type="checkbox"/> Delete 2565 COLD CREEK BLVD JACKSONVILLE, FL 32221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD Yearty, Pauline <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2545 Blackstone Court Jacksonville, FL 32221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VD WHITE, SHARRON <input type="checkbox"/> Delete 10599 NAPOLEON CRT JACKSONVILLE, FL 32221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD XAVIER, SCOTT <input checked="" type="checkbox"/> Delete 2510 COLD CREEK BLVD JACKSONVILLE, FL 32221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Davis, Cheri <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2839 Cold Creek Blvd. Jacksonville, FL 32221	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD YOUNGER, RYAN <input type="checkbox"/> Delete 10519 NAPOLEON CRT JACKSONVILLE, FL 32221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <i>Robert B. Lippe</i>			ROBERT B. LIPPELMAN 4/10/07 904-630-1870		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					