


**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90018 021 \*\*\*\*61.25

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # N98000005770</b>			
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
6. Name and Address of Current Registered Agent WALLACE, L. DENISE 920 THIRD STREET SUITE B NEPTUNE BEACH, FL 32266		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when retreating)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete LIPPELMAN, ROBERT	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS	P O BOX 60514	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32228	CITY - ST - ZIP	
TITLE	1VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YEARTY, PAULINE	NAME	
STREET ADDRESS	2545 BLACKSTONE COURT	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32221	CITY - ST - ZIP	
TITLE	2VD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, SHARRON	NAME	Miller, Robert
STREET ADDRESS	10599 NAPOLEON CRT	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32221	CITY - ST - ZIP	
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, CHERI	NAME	Monroe, Nathaniel
STREET ADDRESS	2839 COLD CREEK BLVD	STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE, FL 32221	CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNGER, RYAN	NAME	Younger, Ryan
STREET ADDRESS	10519 NAPOLEON CRT	STREET ADDRESS	10519 Napoleon CRT
CITY - ST - ZIP	JACKSONVILLE, FL 32221	CITY - ST - ZIP	Jacksonville FL 32221
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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>James Ryan Younger</i>		Date: <i>5/1/08</i> Daytime Phone #: <i>904-864-1419</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			