

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 31 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000040847 (3)**

1. Corporation Name

BRANDYWINE MOBILE HOME COMMUNITY SERVICES, INC.

Principal Place of Business

**BRANDYWINE ONE, SUITE 300
CHADDS FORD BUSINESS CAMPUS
CHADDS FORD PA 19317-9667**

Mailing Address

**BRANDYWINE ONE, SUITE 300
CHADDS FORD BUSINESS CAMPUS
CHADDS FORD PA 19317-9667**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GAYNOR, JOSEPH W
150 2ND AVE. NORTH
17TH FLOOR
ST. PETERSBURG FL 33701**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent Signature required when completing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **MOORE, BRUCE E**
STREET ADDRESS **BRANDYWINE ONE, SUITE 300**
CITY- ST- ZIP **CHADDS FORD PA 19317-9667**

TITLE **D**
NAME **GIOVINCO, PHILLIP C**
STREET ADDRESS **BRANDYWINE ONE, SUITE 300**
CITY- ST- ZIP **CHADDS FORD PA 19317-9667**

TITLE **D**
NAME **DOYLE, DENISE M**
STREET ADDRESS **BRANDYWINE ONE, SUITE 300**
CITY- ST- ZIP **CHADDS FORD PA 19317-9667**

TITLE **D**
NAME **KRAUS, CARL E**
STREET ADDRESS **BRANDYWINE ONE, SUITE 300**
CITY- ST- ZIP **CHADDS FORD PA 19317-9667**

TITLE **D**
NAME **ECKHOUSE, TOD B**
STREET ADDRESS **2837 MCCORMICK DRIVE**
CITY- ST- ZIP **CLEARWATER FL 34619-1041**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

(610) 358-4000