

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Mar 19 1996 8:00 am
Secretary of State

DOCUMENT # P94000040847 (3)

1. Corporation Name

BRANDYWINE MOBILE HOME COMMUNITY SERVICES, INC.

New Name: Brandywine Community Services Corporation

Principal Place of Business

Mailing Address

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

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



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

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

03/31/1995

4. FET Number

59-3179555
APPLIED FOR

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

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

CT Corporation System

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

1200 S. Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

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 607.1505, Florida Statutes.

SIGNATURE

Domenic A. Borriello
Signature, typed or printed name of registered agent, and title if applicable.

Domenic A. Borriello, Asst. Secy.

3/18/96

(NOTE: Registered Agent Signature required when relevant.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE CEO ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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

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

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

TITLE D ☐ DELETE
NAME ECKHOUSE, TOD B
STREET ADDRESS 2637 MCCORMICK DRIVE
CITY-ST-ZIP CLEARWATER FL 34619-1041

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2000001749672
-03/19/96-01112-023
***208.75 ***208.75

VP/S ☒ Change ☐ Addition

AS/T ☒ Change ☐ Addition

VP ☒ Change ☐ Addition

P ☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

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☒ Change ☐ Addition

☒ Change ☐ Addition

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bruce E. Moore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce E. Moore

3-11-96

(610) 358-4000

Daytime Phone #

CR2E034 (12/95)