


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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**FILED**  
**May 08, 1999 8:00 am**  
**Secretary of State**

05-08-1999 90053 035 \*\*\*158.75

|  |                      |   |  |  |  |
|--|----------------------|---|--|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1999</b>   |                      |  |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS                             |  |
| <b>DOCUMENT # P95000049180</b>   |                      |   |  |  |  |
| 1. Corporation Name<br><b>BRANDYWINE COMMUNITY MANAGEMENT CORPORATION</b>  |                      |   |  |  |  |
| Principal Place of Business<br><b>2 POND'S EDGE DRIVE<br/>CHADDS FORD PA 19317</b>   |                      |   | Mailing Address<br><b>P.O. BOX 999<br/>CHADDS FORD PA 19317</b>  |  |  |
| 2. Principal Place of Business<br><b>21</b>  |                      | 2a. Mailing Address<br><b>26</b>  |  | 3. Date Incorporated or Qualified<br><b>06/20/1995</b>   |  |
| Suite, Apt. #, etc.<br><b>22</b>   |                      | Suite, Apt. #, etc.<br><b>27</b>  |  | 4. FEI Number<br><b>59-3330017</b>   |  |
| City & State<br><b>23</b>  |                      | City & State<br><b>28</b>   |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                           |  |
| Zip<br><b>24</b>   |                      | Country<br><b>25</b>  |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                |  |
| Zip<br><b>29</b>   |                      | Country<br><b>30</b>  |  | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b>  |                      |   | 10. Name and Address of New Registered Agent<br><b>81 Name Joseph W. Gaynor, P.A.<br/>82 Street Address (P.O. Box Number is Not Acceptable) 2637 MC CORMICK Drive<br/>83 Suite B<br/>84 City Clearwater FL 85 Zip Code</b> |  |  |
| 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.<br>SIGNATURE <i>[Signature]</i> <b>President</b> <b>4/20/99</b><br>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE |                      |   |  |  |  |
| 12. OFFICERS AND DIRECTORS   |                      |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |  |  |
| TITLE  | PD                   | <input checked="" type="checkbox"/> DELETE  | 1.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | ECKHOUSE, TOD        |   | 1.2 NAME   |  |  |
| STREET ADDRESS   | 2637 MCCORMICK DR    |   | 1.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | CLEARWATER FL 34619  |   | 1.4 CITY-ST-ZIP  |  |  |
| TITLE  | DT                   | <input type="checkbox"/> DELETE   | 2.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | MOORE, BRUCE E       |   | 2.2 NAME   |  |  |
| STREET ADDRESS   | 2 POND'S EDGE DRIVE  |   | 2.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | CHADDS FORD PA 19317 |   | 2.4 CITY-ST-ZIP  |  |  |
| TITLE  | VSD                  | <input type="checkbox"/> DELETE   | 3.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | GIOVINCO, PHILLIP C  |   | 3.2 NAME   |  |  |
| STREET ADDRESS   | 2 POND'S EDGE DRIVE  |   | 3.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | CHADDS FORD PA 19317 |   | 3.4 CITY-ST-ZIP  |  |  |
| TITLE  | V                    | <input type="checkbox"/> DELETE   | 4.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | GAYNOR, JOSEPH W     |   | 4.2 NAME   |  |  |
| STREET ADDRESS   | 2637 MCCORMICK DRIVE |   | 4.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | CLEARWATER FL 34619  |   | 4.4 CITY-ST-ZIP  |  |  |
| TITLE  | V                    | <input type="checkbox"/> DELETE   | 5.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | ALBA, SHARON         |   | 5.2 NAME   |  |  |
| STREET ADDRESS   | 2 POND'S EDGE DRIVE  |   | 5.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | CHADDS FORD PA 19317 |   | 5.4 CITY-ST-ZIP  |  |  |
| TITLE  | V                    | <input type="checkbox"/> DELETE   | 6.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | DOYLE, DENISE M      |   | 6.2 NAME   |  |  |
| STREET ADDRESS   | 2 POND'S EDGE DRIVE  |   | 6.3 STREET ADDRESS   |  |  |
| CITY-ST-ZIP  | CHADDS FORD PA 19317 |   | 6.4 CITY-ST-ZIP  |  |  |

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 14 1999

Date

Daytime Phone #

CR2E034 (1/98)