FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/31/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	MOORE, BRUCE E	12 NAME	
STREET ADDRESS	BRANDYWINE ONE, SUITE 300	13 STREET ADDRESS	
CITY-ST-ZIP	CHADDS FORD PA 19317-9667	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	GIOVINCO, PHILLIP C	22 NAME	
STREET ADDRESS	BRANDYWINE ONE, SUITE 300	23 STREET ADDRESS	
CITY ST ZIP	CHADDS FORD PA 19317-9667	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	DOYLE, DENISE M	32 NAME	
STREET ADDRESS	BRANDYWINE ONE, SUITE 300	33 STREET ADDRESS	
CITY ST ZIP	CHADDS FORD PA 19317-9667	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KRAUS, CARL E	42 NAME	
STREET ADDRESS	BRANDYWINE ONE, SUITE 300	43 STREET ADDRESS	
CITY ST ZIP	CHADDS FORD PA 19317-9667	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ECKHOUSE, TOD B	52 NAME	
STREET ADDRESS	2637 MCCORMICK DRIVE	53 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL 34619-1041	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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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)(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.

SIGNATURE: _____ President (610) 358-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474148 FP