

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **765426** (2)

1. Corporation Name

**BRYN MAWR SOUTH HOMEOWNERS ASSOCIATION UNIT #3 A  
ND #7, INC.**



Principal Place of Business <b>3149 BRIDGEHAMPTON LN. ORLANDO FL 32812</b>	Mailing Address <b>3149 BRIDGEHAMPTON LN. ORLANDO FL 32812</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>10/18/1982</b>
4. FEI Number <b>59-2402610</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>THOMPSON, BRYAN SCOTT 3506 EXETER CT ORLANDO FL 32812</b>
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10. Name and Address of New Registered Agent 81 Name <b>ERIK WIBERG</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3519 EXETER COURT</b> 83 City <b>ORLANDO, FL</b> 85 Zip Code <b>32812</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *[Signature]* V.P. DATE **2-28-98**  
(NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HALL, SUSAN E.</b>
STREET ADDRESS	<b>3024 GOLDENVIEW LANE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>THOMPSON, BRYAN SCOTT</b>
STREET ADDRESS	<b>3506 EXETER COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>COCHRAN, JOYCE G.</b>
STREET ADDRESS	<b>2990 BRIDGEHAMPTON LANE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SANTANA, ROBERT</b>
STREET ADDRESS	<b>3517 EXETER COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE
NAME	<b>KRAVCHUK, CATHY</b>
STREET ADDRESS	<b>3099 BRIDGEHAMPTON LANE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>WIBERG, ERIK</b>
STREET ADDRESS	<b>3519 EXETER COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Susan E. Hall (D)</b>
1.3 STREET ADDRESS	<b>3024 Goldenview Lane</b>
1.4 CITY-ST-ZIP	<b>Orl., Fl. 32812</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Robert Carr (D)</b>
2.3 STREET ADDRESS	<b>3088 Bridgehampton Lane</b>
2.4 CITY-ST-ZIP	<b>Orlando, Fl. 32812</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<b>Secretary, Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Joyce G. Cochran (S)</b>
3.3 STREET ADDRESS	<b>2990 Bridgehampton Lane</b>
3.4 CITY-ST-ZIP	<b>Orlando, Fl. 32812</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	<b>Treasurer, Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Nancy Mallory (T)</b>
4.3 STREET ADDRESS	<b>2994 Goldenview Lane</b>
4.4 CITY-ST-ZIP	<b>Orlando, Fl. 32812</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<b>Vice-Pres. Director</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Cathy Kravchuk (VP)</b>
5.3 STREET ADDRESS	<b>3099 Bridgehampton Lane</b>
5.4 CITY-ST-ZIP	<b>Orlando, Fl. 32812</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<b>President, Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Wiberg, Erik (P)</b>
6.3 STREET ADDRESS	<b>3519 Exeter Ct.</b>
6.4 CITY-ST-ZIP	<b>Orlando, Fl. 32812</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* V.P. DATE **2-28-98** (407) 658-8868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, Date Daytime Phone # 6051066

CR2E037 (10/97)