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03-03-1999 90081 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 765426					
1. Corporation Name BRYN MAWR SOUTH HOMEOWNERS ASSOCIATION UNIT #3 A ND #7, INC.					
Principal Place of Business 3149 BRIDGEHAMPTON LN. ORLANDO FL 32812			Mailing Address 3149 BRIDGEHAMPTON LN. ORLANDO FL 32812		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/18/1982	
				4. FEI Number 59-2402610	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WIBERG, ERIK 3519 EXETER COURT ORLANDO FL 32812			10. Name and Address of New Registered Agent 81 Name CATHY KRAVCHUK 82 Street Address (P.O. Box Number is Not Acceptable) 3099 BRIDGEHAMPTON LANE 83 84 City ORLANDO FL 85 Zip Code 32812		
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 <i>Cathy Kravchuk</i> (Cathy Kravchuk) Feb. 12, 1999 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input checked="" type="checkbox"/> DELETE NAME HALL, SUSAN E. STREET ADDRESS 3024 GOLDENVIEW LANE CITY-ST-ZIP ORLANDO FL			1.1 TITLE Vice-President (VP/D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Alan Stoddard 1.3 STREET ADDRESS 3125 Goldenview Lane 1.4 CITY-ST-ZIP Orlando, FL 32812		
TITLE D <input checked="" type="checkbox"/> DELETE NAME CARR, ROBERT STREET ADDRESS 3088 BRIDGEHAMPTON LANE CITY-ST-ZIP ORLANDO FL 32812			2.1 TITLE Secretary (S/D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME Tommy Murphy 2.3 STREET ADDRESS 2971 Goldenview Lane 2.4 CITY-ST-ZIP Orlando, FL 32812		
TITLE SD <input checked="" type="checkbox"/> DELETE NAME COCHRAN, JOYCE G STREET ADDRESS 2990 BRIDGEHAMPTON LANE CITY-ST-ZIP ORLANDO FL 32812			3.1 TITLE Director (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME Robert Mosley 3.3 STREET ADDRESS 3120 Bridgehampton Lane 3.4 CITY-ST-ZIP Orlando, FL 32812		
TITLE DT <input type="checkbox"/> DELETE NAME MALLORY, NANCY STREET ADDRESS 2994 GOLDENVIEW LANE CITY-ST-ZIP ORLANDO FL 32812			4.1 TITLE Treasurer (T/D) <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Nancy Mallory 4.3 STREET ADDRESS 2994 Goldenview Lane 4.4 CITY-ST-ZIP Orlando, FL 32812		
TITLE VPD <input type="checkbox"/> DELETE NAME KRAVCHUK, CATHY STREET ADDRESS 3099 BRIDGEHAMPTON LANE CITY-ST-ZIP ORLANDO FL 32812			5.1 TITLE President (P/D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Cathy Kravchuk 5.3 STREET ADDRESS 3099 Bridgehampton Lane 5.4 CITY-ST-ZIP Orlando, FL 32812		
TITLE PD <input checked="" type="checkbox"/> DELETE NAME WIBERG, ERIK STREET ADDRESS 3519 EXETER CT CITY-ST-ZIP ORLANDO FL 32812			6.1 TITLE Director (D) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6.2 NAME Ginger Bayer 6.3 STREET ADDRESS 3485 Exeter Ct. 6.4 CITY-ST-ZIP Orlando, FL 32812		



CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(6)(i), Florida Statutes. 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, with all other like empowered.

SIGNATURE: *Cathy Kravchuk* 2/12/99 (407) 658-8868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #