

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 21, 2002 8:00 am**  
**Secretary of State**

02-21-2002 90095 027 \*\*\*\*61.25

**DOCUMENT # 765426**

1. Entity Name

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

Principal Place of Business

Mailing Address

**3149 BRIDGEHAMPTON LN.  
ORLANDO FL 32812**

**3149 BRIDGEHAMPTON LN.  
ORLANDO FL 32812**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2402610**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STODDARD, ALAN  
3125 GOLDENVIEW LANE  
ORLANDO FL 32812**

Name

**RAYMOND LAGUNA**

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

**3319 BERRIDGE LANE**

City

**ORLANDO,**

**FL**

Zip Code

**32812**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

**RAYMOND LAGUNA**

**FEB. 7, 2002**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete  
NAME **STODDARD, ALAN**  
STREET ADDRESS **3125 GOLDENVIEW LANE**  
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **President (P/D)** ☒ Change ☐ Addition  
NAME **Raymond Laguna**  
STREET ADDRESS **3319 Berridge Lane**  
CITY-ST-ZIP **Orlando, FL 32812**

TITLE **SD** ☒ Delete  
NAME **LANCASTER, JANICE**  
STREET ADDRESS **2926 GOLDEN VIEW LANE**  
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **Secretary (S/D)** ☒ Change ☐ Addition  
NAME **Irene Berard**  
STREET ADDRESS **3040 Bridgehampton Lane**  
CITY-ST-ZIP **Orlando, FL 32812**

TITLE **TD** ☒ Delete  
NAME **MOSLEY, ROBERT**  
STREET ADDRESS **3120 BRIDGEHAMPTON LANE**  
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **Treasurer (T/D)** ☒ Change ☐ Addition  
NAME **Alison Coombe**  
STREET ADDRESS **4720 South Hampton Dr.**  
CITY-ST-ZIP **Orlando, FL 32812**

TITLE **D** ☒ Delete  
NAME **BERARD, IRENE**  
STREET ADDRESS **3040 BRIDGEHAMPTON LANE**  
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **Vice-President (V-P/D)** ☒ Change ☐ Addition  
NAME **Mark L. Johnston**  
STREET ADDRESS **3304 Berridge Lane**  
CITY-ST-ZIP **Orlando, FL 32812**

TITLE **VPD** ☒ Delete  
NAME **LAGUNA, RAY**  
STREET ADDRESS **3307 BERRIDGE LANE**  
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **Director (D)** ☒ Change ☐ Addition  
NAME **Alan Stoddard**  
STREET ADDRESS **3125 Goldenview Lane**  
CITY-ST-ZIP **Orlando, FL 32812**

TITLE **D** ☒ Delete  
NAME **ROLLMAN, MELANIE**  
STREET ADDRESS **2901 BRIDGEHAMPTON LANE**  
CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **Director (D)** ☐ Change ☒ Addition  
NAME **Marc D. Ledogar**  
STREET ADDRESS **3165 Berridge Lane**  
CITY-ST-ZIP **Orlando, FL 32812**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/02 (407) 658-8868**

Date

Daytime Phone #

CR2E037 (9/01)