


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 771169 (0)

1. Corporation Name
BRYN MAWR AT COUNTRYSIDE II CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2753 ST. RD. 580, SUITE 207 CLEARWATER FL 34621	Mailing Address 2753 ST. RD. 580, SUITE 207 CLEARWATER FL 34621-3345
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified 11/09/1983	3a. Date of Last Report 02/02/1996
4. FEI Number 59-2295061	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

REARDON, MAUREEN, C
2753 ST. RD. 580, SUITE 207
CLEARWATER FL 34621

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDEMAN, RAY	1.2 NAME	
STREET ADDRESS	2709 CNTRYSIDE BLVD H108	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WANDLER, PAUL	2.2 NAME	PASTORE, MARY
STREET ADDRESS	2701 COUNTRYSIDE BLVD, # J108	2.3 STREET ADDRESS	2705 COUNTRYSIDE BLVD #I101
CITY-ST-ZIP	CLEARWATER FL 34621	2.4 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONKLIN, GEORGIA	3.2 NAME	STOLTZE, SALLY
STREET ADDRESS	2709 COUNTRYSIDE BLVD H101	3.3 STREET ADDRESS	2725 COUNTRYSIDE BLVD #D102
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLENDER, EDWARD (TED)	4.2 NAME	
STREET ADDRESS	2705 COUNTRYSIDE BLVD. H106	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL 34621	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HULL, JOHN	5.2 NAME	VAN CLEAVE, ELAYNE
STREET ADDRESS	2717 COUNTRYSIDE BLVD. F105	5.3 STREET ADDRESS	2713 COUNTRYSIDE BLVD #G102
CITY-ST-ZIP	CLEARWATER FL 34621	5.4 CITY-ST-ZIP	CLEARWATER FL 34621
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

[Handwritten signature and date: 1/21/97]