


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90009 020 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 771169**

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

Principal Place of Business 2753 ST. RD. 580, SUITE 207 CLEARWATER FL 33761 US	Mailing Address 2753 ST. RD. 580, SUITE 207 CLEARWATER FL 33761 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 23 City & State 24 Zip Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 11/09/1983	4. FEI Number 59-2295061	Applied For 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		

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 33761
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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 \_\_\_\_\_ 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input 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	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASTORE, MARY	2.2 NAME	POLYSCHUK, CAROL
STREET ADDRESS	2705 COUNTRYSIDE BLVD #I-101	2.3 STREET ADDRESS	2725 COUNTRYSIDE BLVD #D101
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	CLEARWATER FL 33761
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOLTZE, SALLY	3.2 NAME	WETHERWAX, GEORGE
STREET ADDRESS	2725 COUNTRYSIDE BLVD #D-102	3.3 STREET ADDRESS	2705 COUNTRYSIDE BLVD. #I107
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	CLEARWATER FL 33761
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MULLENDER, EDWARD (TED)	4.2 NAME	ROSS, DAVID
STREET ADDRESS	2705 COUNTRYSIDE BLVD. I106	4.3 STREET ADDRESS	103 WATEREDGE COURT
CITY-ST-ZIP	CLEARWATER FL	4.4 CITY-ST-ZIP	SAFETY HARBOR FL 34695
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAYSER, CHARLES	5.2 NAME	HOGAN, JUDY
STREET ADDRESS	2713 COUNTRYSIDE BLVD, #G105	5.3 STREET ADDRESS	2725 COUNTRYSIDE BLVD. #D107
CITY-ST-ZIP	CLEARWATER FL 33761	5.4 CITY-ST-ZIP	CLEARWATER FL 33761
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 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, with all other like empowered.

SIGNATURE: Ray Lindeman RAY LINDEMAN 1-7-99 813 791 6750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)