

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90032 049 ****61.25

DOCUMENT # 771169

1. Entity Name

BRYN MAWR AT COUNTRYSIDE II CONDOMINIUM ASSOCIAT

906652



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2753 ST. RD. 580. SUITE 207 CLEARWATER FL 33761 US	Mailing Address 2753 ST. RD. 580. SUITE 207 CLEARWATER FL 33761-3345 US
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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 59-2295061	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REARDON, MAUREEN, C
2753 ST. RD. 580, SUITE 207
CLEARWATER FL 34821

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code **33761**

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 _____
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	LINDEMAN, RAY	
STREET ADDRESS	2709 CNTRYSIDE BLVD H108	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POLYSCHUK, CAROL	
STREET ADDRESS	2725 COUNTRYSIDE BLVD. #D101	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input type="checkbox"/> Delete
NAME	WETHERWAX, GEORGE	
STREET ADDRESS	2705 COUNTRYSIDE BLVD. #1107	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROSS, DAVID	
STREET ADDRESS	103 WATEREDGE COURT	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOGAN, JUDY	
STREET ADDRESS	2725 COUNTRYSIDE BLVD. #D107	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Ray Lindeman 1/20/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #