

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 13, 2004  
Secretary of State**

DOCUMENT# 771169

Entity Name: BRYN MAWR AT COUNTRYSIDE II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**Current Mailing Address:**

**New Mailing Address:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

FEI Number: 59-2295061      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

REARDON, MAUREEN C  
4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: POLYSCHUK, CAROL  
Address: 2725 COUNTRYSIDE BLVD D-101  
City-St-Zip: CLEARWATER, FL 33761  
  
Title: STD ( ) Delete  
Name: KAY, MARY  
Address: 2705 COUNTRYSIDE BLVD. #E106  
City-St-Zip: CLEARWATER, FL 33761  
  
Title: D ( ) Delete  
Name: HALLADAY, DAVID  
Address: 2717 COUNTRYSIDE BLVD. #E104  
City-St-Zip: CLEARWATER, FL 33761  
  
Title: D ( ) Delete  
Name: STOLTZE, SARAH  
Address: 2725 COUNTRYSIDE BLVD. D-102  
City-St-Zip: CLEARWATER, FL 33761  
  
Title: D ( ) Delete  
Name: KIRAKAJ, TONIN  
Address: 2713 COUNTRYSIDE BLVD. G-101  
City-St-Zip: CLEARWATER, FL 33761

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL POLYSCHUK

PD

04/13/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date