

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771169

FILED  
Apr 12, 2007  
Secretary of State

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

**Current Principal Place of Business:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**New Principal Place of Business:**

**Current Mailing Address:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**New Mailing Address:**

FEI Number: 59-2295061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

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:**

Title: TD ( ) Delete  
Name: LINDEMAN, RAY  
Address: 2709 COUNTRYSIDE BLVD #H-108  
City-St-Zip: CLEARWATER, FL 33761

Title: VPD ( ) Delete  
Name: FURST, BILL  
Address: 2725 COUNTRYSIDE BLVD. #J-106  
City-St-Zip: CLEARWATER, FL 33761

Title: PD ( ) Delete  
Name: POLYSCHUK, CAROL  
Address: 2725 COUNTRYSIDE BLVD. #D101  
City-St-Zip: CLEARWATER, FL 33761

Title: SD ( ) Delete  
Name: STOLTZE, SARAH  
Address: 2725 COUNTRYSIDE BLVD. D-102  
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete  
Name: KAYE, MYRA  
Address: 2721 COUNTRYSIDE BLVD  
City-St-Zip: CLEARWATER, FL 33761

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

Title: D (X) Change ( ) Addition  
Name: FINDLAY, DIANE  
Address: 2725 COUNTRYSIDE BLVD #106  
City-St-Zip: CLEARWATER, FL 33761

Title: PD (X) Change ( ) Addition  
Name: FURST, BILL  
Address: 2725 COUNTRYSIDE BLVD. #J-106  
City-St-Zip: CLEARWATER, FL 33761

Title: VPD (X) Change ( ) Addition  
Name: POLYSCHUK, CAROL  
Address: 2725 COUNTRYSIDE BLVD. #D101  
City-St-Zip: CLEARWATER, FL 33761

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 Chapter 119, 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: BILL FUHST

PD

04/12/2007

Electronic Signature of Signing Officer or Director

Date