

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 771169

FILED
Feb 23, 2009
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: PD () Delete
Name: FUHST, BILL
Address: 2201 COUNTRYSIDE BLVD. #106
City-St-Zip: CLEARWATER, FL 33761

Title: VPD () Delete
Name: POLYSCHUK, CAROL
Address: 2725 COUNTRYSIDE BLVD. #101
City-St-Zip: CLEARWATER, FL 33761

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

Title: SD () Delete
Name: KAYE, MYRA
Address: 2721 COUNTRYSIDE BLVD. #106
City-St-Zip: CLEARWATER, FL 33761

Title: D (X) Delete
Name: FINDLAY, DIAN
Address: 2725 COUNTRYSIDE BLVD. #106
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: LINDEMAN, RAY
Address: 2709 COUNTRYSIDE BLVD. 3108
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 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

Electronic Signature of Signing Officer or Director

PRES

02/23/2009

Date