

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
BRYN MAWR
TALLAHASSEE, FLORIDA

DOCUMENT # N21440

(5)

THE MANORS OF BRYN MAWR, INC.

APPROVED
AND
FILED

SEP 17 - 1 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2180 W STATE RD 434
SUITE 5000
LONGWOOD FL 32779

2180 W STATE RD 434
SUITE 5000
LONGWOOD FL 32779

3. Date incorporated or qualified
07/01/1987

3a. Date of Last Report
04/21/1994

4. FEE Number
59-2880112

Applied For
Not Applicable

5. Certificate of Status (Required) ☐

\$8.75 Additional
Fee Required

6. Elect to Campaign Financing
(Required) ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under Fla. Statute,
Florida Statutes ☐ Yes ☒ No

2. First person to be registered

2a. Mailing Address

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9. Name and Address of Current Registered Agent

HART, JAMES W, JR
SENTRY MANAGEMENT, INC.
2180 W STATE ROAD 434 STE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent

01 Name

02 Street & P.O. Box Number (Not Applicable)

03

04 City

FL

05 Zip Code

11. Pursuant to the provisions of Sections 607 (2)(b) and 607 (2)(c) of the 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, thereby accept the appointment as registered agent. I am authorized to file this statement on behalf of the corporation.

SIGNATURE

Signature of the person filing this report (agent or director)

Signature of the registered agent (if not the same person as the filer)

ATTEST

12. OFFICERS AND DIRECTORS

13. ADDITIONAL INFORMATION (SEE INSTRUCTIONS ON PAGE 2)

01 NAME

PD
HOSIER, SUZETTE
5441 LAKE MARGARET DR F
ORLANDO FL

02 NAME

☐ Change ☐ Addition

03 STREET ADDRESS

04 STREET ADDRESS

05 CITY

06 CITY

07 STATE

08 STATE

09 ZIP CODE

10 ZIP CODE

11 NAME

VD
DELZINGARO, BILLIE
5469 LAKE MARGARET DR, I
ORLANDO FL

12 NAME

☒ Change ☐ Addition

13 STREET ADDRESS

14 STREET ADDRESS

15 CITY

16 CITY

17 STATE

18 STATE

19 ZIP CODE

20 ZIP CODE

21 NAME

SD
HENDRICKS, BETTY
5441 LAKE MARGARET DR, I
ORLANDO FL

22 NAME

☐ Change ☐ Addition

23 STREET ADDRESS

24 STREET ADDRESS

25 CITY

26 CITY

27 STATE

28 STATE

29 ZIP CODE

30 ZIP CODE

31 NAME

TD
DAVIS, FLORENCE
5461 LAKE MARGARET DR, B
ORLANDO FL

32 NAME

☒ Change ☐ Addition

33 STREET ADDRESS

34 STREET ADDRESS

35 CITY

36 CITY

37 STATE

38 STATE

39 ZIP CODE

40 ZIP CODE

41 NAME

SD
COFFMAN, PETER
5445 LAKE MARGARET DR, G
ORLANDO FL

42 NAME

☒ Change ☐ Addition

43 STREET ADDRESS

44 STREET ADDRESS

45 CITY

46 CITY

47 STATE

48 STATE

49 ZIP CODE

50 ZIP CODE

51 NAME

☐ Change ☐ Addition

52 STREET ADDRESS

53 STREET ADDRESS

54 CITY

55 CITY

56 STATE

57 STATE

58 ZIP CODE

59 ZIP CODE

60 NAME

☐ Change ☐ Addition

61 STREET ADDRESS

62 STREET ADDRESS

63 CITY

64 CITY

65 STATE

66 STATE

67 ZIP CODE

68 ZIP CODE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME of SIGNING OFFICER OR DIRECTOR