FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY -1 PM 12:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N21440 (5)

1. THE MANORS OF BRYN MAWR, INC.

Principal Office	Mailing Address
2180 W STATE RD 434 SUITE 5000 LONGWOOD FL 32779	2180 W STATE RD 434 SUITE 5000 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1987

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

4. FEI Number: 59-2880112 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. [ ] — $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 s. 199.032, Florida Statutes [ ] Yes [X] No

2. Principal Office If Applicable — 21, 22 Suite, Apt. # etc., 23 City & State, 24, 25

2a. Mailing Address — 26, 27 Suite, Apt. # etc., 28 City & State, 29, 30

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

81 Name:

82 Street Address (P.O. Box Number is Not Acceptable):

83

84 City: FL 85 Zip Code:

11. [illegible]

SIGNATURE

12. OFFICERS AND DIRECTORS / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS**

12.		13.		
TITLE	PD	TITLE		[ ] Change [ ] Addition
NAME	HOSIER, SUZETTE	NAME		
STREET ADDRESS	5441 LAKE MARGARET DR F	STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP		
TITLE	VD	TITLE		[X] Change [ ] Addition
NAME	~~DELZINGARO, BILLIE~~	NAME	KISS, MICHAEL	
STREET ADDRESS	~~5469 LAKE MARGARET DR, I~~	STREET ADDRESS	5449 LAKE MARGARET DR. F	
CITY-ST-ZIP	~~ORLANDO FL~~	CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	TITLE		[ ] Change [ ] Addition
NAME	HENDRICKS, BETTY	NAME		
STREET ADDRESS	5441 LAKE MARGARET DR, I	STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP		
TITLE	~~TD~~	TITLE	D	[X] Change [ ] Addition
NAME	DAVIS, FLORENCE	NAME		
STREET ADDRESS	5461 LAKE MARGARET DR, B	STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP		
TITLE	~~SD~~	TITLE	DT	[X] Change [ ] Addition
NAME	~~COFFMAN, PETER~~	NAME	STEVENSON, KIM	
STREET ADDRESS	~~5445 LAKE MARGARET DR, G~~	STREET ADDRESS	5465 LAKE MARGARET DR. C	
CITY-ST-ZIP	~~ORLANDO FL~~	CITY-ST-ZIP	ORLANDO FL	
TITLE		TITLE		[ ] Change [ ] Addition
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing [illegible] Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR [date]

0003300