


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 11 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21440 (5)**

1. Corporation Name  
**THE MANORS OF BRYN MAWR, INC.**



Principal Place of Business <b>P.O. BOX 568846 ORLANDO FL 32856-8846 US</b>	Mailing Address <b>P.O. BOX 568846 ORLANDO FL 32856-8846 US</b>
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3. Date Incorporated or Qualified <b>07/01/1987</b>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <b>59-2880112</b>	
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.
23. City & State	24. City & State
25. Zip Country	26. Zip Country

9. Name and Address of Current Registered Agent

**JOHNSON, PAMELA R  
87 W. MICHIGAN STREET  
P.O. BOX 568846  
ORLANDO FL 32806**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MUDRIDGE, GARY	
STREET ADDRESS	5421 C LAKE MARGARET DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HURN, ED	
STREET ADDRESS	5429-E LAKE MARGARET DR.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STEVENSON, KIM	
STREET ADDRESS	5465-C LAKE MARGARET DRIVE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KISS, MIKE	
STREET ADDRESS	5449-F LAKE MARGARET DRIVE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAMBERT, HARRY	
STREET ADDRESS	5413-14 LAKE MARGARET DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harry Lambert
2.3 STREET ADDRESS	5413-H Lk Margaret Drive
2.4 CITY-ST-ZIP	Orlando, FL
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Gail Oller
4.3 STREET ADDRESS	5461-H Lake Margaret Drive
4.4 CITY-ST-ZIP	Orlando, FL
5.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	John Donnelly
6.3 STREET ADDRESS	5413-E Lake Margaret Drive
6.4 CITY-ST-ZIP	Orlando, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an expiration date.

SIGNATURE: *Harry Lambert* 4-29-98

CR2E037 (10/97)