


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2005 8:00 am**  
**Secretary of State**

03-17-2005 90022 029 \*\*\*\*61.25

<b>DOCUMENT # N21440</b> 1. Entity Name THE MANORS OF BRYN MAWR, INC.	
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Principal Place of Business 1350 ORANGE AVE., SUITE 100 WINTER PARK, FL 32789 US	Mailing Address 1350 ORANGE AVE., SUITE 100 WINTER PARK, FL 32789 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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01242005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2880112	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



6. Name and Address of Current Registered Agent

PHILLIPS, ROGER V  
1350 ORANGE AVE., SUITE 100  
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ACKERMAN, JESSE <input checked="" type="checkbox"/> Delete 5449-J LAKE MARGARET DR ORLANDO, FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, GREGG <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5433-A Lake Margaret Dr Orlando FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEPHENSON, KIM <input checked="" type="checkbox"/> Delete 5465-C LAKE MARGARET DR. ORLANDO, FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD PARKER, BARBARA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5433-G Lake Margaret Dr Orlando FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WILCOXIN, LOE <input checked="" type="checkbox"/> Delete 5429 E LAKE MARGARET DR. ORLANDO, FL 32812	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEONE, MEEODY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4415 Hurd Ave Orlando FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALKER, RON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5429-D Lake Margaret Dr Orlando FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gregg Johnson Gregg Johnson 3/10/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #