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)

THE MANORS OF BRYN MAWR, INC.

Principal Place of Business	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. Election Campaign Financing Trust Fund Contribution ☐ — $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 ☒ No

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. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
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	☒ 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 ☒ 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 ☒ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(i), 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 the 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 address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/25/95

0003300