

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 765426 (2)

1. Corporation Name
BRYN MAWR SOUTH HOMEOWNERS ASSOCIATION UNIT #3 A ND #7, INC.

Principal Place of Business 3149 BRIDGEHAMPTON LN. ORLANDO FL 32812	Mailing Address 3149 BRIDGEHAMPTON LN. ORLANDO FL 32812-5946
---	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/18/1982		3a. Date of Last Report 03/11/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2402610		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HALL, SUSAN E. 3149 BRIDGEHAMPTON LN. ORLANDO FL 32812				10. Name and Address of New Registered Agent			
				81 Name Bryan Scott Thompson			
				82 Street Address (P.O. Box Number is Not Acceptable) 3506 Exeter Court			
				83			
				84 City Orlando,			
				85 Zip Code FL 32812			

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 *Bryan Scott Thompson* 3/28/97
Signature of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HALL, SUSAN E.		1.2 NAME Susan E. Hall, "D"	
STREET ADDRESS 3024 GOLDENVIEW LANE		1.3 STREET ADDRESS 3024 Goldenview Lane	
CITY-ST-ZIP ORLANDO FL		1.4 CITY-ST-ZIP Orlando, FL. 32812	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOMPSON, SCOTT		2.2 NAME Bryan Scott Thompson, "D"	
STREET ADDRESS 3506 EXETER COURT		2.3 STREET ADDRESS 3506 Exeter Court	
CITY-ST-ZIP ORLANDO FL		2.4 CITY-ST-ZIP Orlando, FL. 32812	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HEUSTED, DAVID A.		3.2 NAME Joyce G. Cochran, "D"	
STREET ADDRESS 3044 GOLDENVIEW LANE		3.3 STREET ADDRESS 2990 Bridgehampton Lane	
CITY-ST-ZIP ORLANDO FL		3.4 CITY-ST-ZIP Orlando, FL. 32812	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANTANA, ROBERT		4.2 NAME Robert Santana, "D"	
STREET ADDRESS 3517 EXETER COURT		4.3 STREET ADDRESS 3517 Exeter Court	
CITY-ST-ZIP ORLANDO FL		4.4 CITY-ST-ZIP Orlando, FL. 32812	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DESIN, GINA		5.2 NAME Cathy Kravchuk, "D"	
STREET ADDRESS 3084 GOLDEN VIEW LANE		5.3 STREET ADDRESS 3099 Bridgehampton Lane	
CITY-ST-ZIP ORLANDO FL		5.4 CITY-ST-ZIP Orlando, FL. 32812	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WIBERG, ERIK		6.2 NAME Erik Wiberg, "D"	
STREET ADDRESS 3519 EXETER COURT		6.3 STREET ADDRESS 3519 Exeter Court	
CITY-ST-ZIP ORLANDO FL		6.4 CITY-ST-ZIP Orlando, FL. 32812	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.03(1), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Bryan Scott Thompson* 3/28/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0017243**

CR2E037 (9/96)