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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768443

1. Corporation Name
BRYN MAWR HOMEOWNERS ASSOCIATION UNIT #4, INC.

Principal Place of Business	Mailing Address
3419 MARSTON DR ORLANDO FL 32812 US	4524 CURRY FORD RD SUITE 215 ORLANDO FL 32812 US

2. Principal Place of Business	2a. Mailing Address
21 3419 MARSTON DR.	26 SAA
Suite, Apt. #, etc. 22 ORLANDO, FL	Suite, Apt. #, etc. 27
City & State 23 32812 USA	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 05/13/1983

4. FEI Number: 59-2498085 ☐ 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

9. Name and Address of Current Registered Agent

MURRAY, LLOYD
3419 MARSTON DR
ORLANDO FL 32812

10. Name and Address of New Registered Agent

81 Name: KERKHOF, CAROL
82 Street Address (P.O. Box Number Is Not Acceptable): 3430 MARSTON DR.
83
84 City: ORLANDO FL 85 Zip Code: 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: Carol A. Kerkhof — CAROL KERKHOF, PRESIDENT — 1-19-99
Signature, typed or printed name 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MURRAY, LLOYD 3419 MARSTON DR ORLANDO FL 32812	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT - D CAROL KERKHOF 3430 MARSTON DR ORLANDO, FL 32812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KERKHOF, CAROL 3430 MARSTON DR ORLANDO FL 32812	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	~~JANET FERGUSON~~ VICE PRESIDENT - D JANET FERGUSON 3440 MARSTON DR ORLANDO, FL 32812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MURRAY, MERIDETH 3419 MARSTON DR ORLANDO FL 32812	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECRETARY - D MOLLY FAUST 3420 MARSTON DR ORLANDO, FL 32812	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD IWATA, MIKI 3411 MARSTON DR ORLANDO FL 32812	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 1-19-99 — 407-275-5313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CAROL KERKHOF, PRESIDENT