

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 23, 1999 8:00 am
Secretary of State

08-23-1999 90001 016 ****61.25

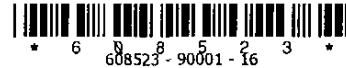
DOCUMENT # N21440

1. Corporation Name

THE MANORS OF BRYN MAWR, INC.

Principal Place of Business
P.O. BOX 568846
ORLANDO FL 32856-8846
US

Mailing Address
P.O. BOX 568846
ORLANDO FL 32856-8846
US



608523 - 90001 - 16 3 *



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
07/01/1987

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number
59-2880112

Applied For
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name

TRACY L. Mitchell

82. Street Address (P.O. Box Number is Not Acceptable)

109 E. Michigan St

83.

84. City

Orlando

FL

85. Zip Code
32806

11. Pursuant to the provisions of Sections 617.0502 and 617.4508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/28/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VPD
NAME MUDRIDGE, GARY
STREET ADDRESS 5421 C LAKE MARGARET DR
CITY-ST-ZIP ORLANDO FL

☒ DELETE

1.1 TITLE

TREASURER

☐ Change

☒ Addition

TITLE P
NAME LAMBERT, HARRY
STREET ADDRESS 5413-H MARGARET DR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

1.2 NAME

CATHERINE CONTINI

1.3 STREET ADDRESS

5433-H Lake Margaret

1.4 CITY-ST-ZIP

ORLANDO FL 32812

☐ Change

☐ Addition

TITLE D
NAME STEVENSON, KIM
STREET ADDRESS 5465-C LAKE MARGARET DRIVE
CITY-ST-ZIP ORLANDO FL 32812

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

TITLE T
NAME OLLER, GAIL
STREET ADDRESS 5461-H LAKE MARGARET DR
CITY-ST-ZIP ORLANDO FL 32812

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

TITLE SD
NAME LAMBERT, HARRY
STREET ADDRESS 5413-14 LAKE MARGARET DR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

TITLE S
NAME DONNELLY, JOHN
STREET ADDRESS 5413-E LAKE MARGARET DR
CITY-ST-ZIP ORLANDO FL

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/99

407-826-4721

1010729

CR2E037 (5/99)