

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10936

1. Entity Name

BRYN MAWR HOMEOWNERS ASSOCIATION UNIT #5, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90251 050 ****61.25

Principal Place of Business

Mailing Address

P O BOX 561428
ORLANDO FL 32856-1428
US

POST OFFICE BOX 561428
ORLANDO FL 32856-1428
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2451453

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, CHARLES
3295 WINDYWOOD DRIVE
ORLANDO FL 32812

Name **SAME**

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.

SIGNATURE

CHARLES J. COLLINS

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME PD
STREET ADDRESS COLLINS, C
CITY-ST-ZIP 3295 WINDY WOOD DR
ORLANDO FL 32812

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DVP
STREET ADDRESS FLEMING, JEFFREY
CITY-ST-ZIP 3124 TALL TIMBER DR.
ORLANDO FL 32812

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DT
STREET ADDRESS MACALLASTER, SARAH
CITY-ST-ZIP 3120 TALL TIMBER DR.
ORLANDO FL 32812

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DS
STREET ADDRESS BLACKBURN, SANDI
CITY-ST-ZIP 3410 TALL TIMBER DR.
ORLANDO FL 32812

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME D
STREET ADDRESS STIMMEL, BILL
CITY-ST-ZIP 3388 WINDY WOOD DR.
ORLANDO FL 32812

TITLE ☐ Change ☒ Addition
NAME **IGGY CAO, (DIRECTOR)**
STREET ADDRESS **3105 TALL TIMBER DR**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE ☐ Delete
NAME D
STREET ADDRESS YOUNG, JON
CITY-ST-ZIP 3101 TALL TIMBER DR.
ORLANDO FL 32812

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

CHARLES J. COLLINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-00 407-207-5440

CR2E037 (9/99)