

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90473 027 ****61.25

DOCUMENT # N10936

1. Entity Name
**BRYN MAWR HOMEOWNERS ASSOCIATION UNIT #5,
INC.**



Principal Place of Business
**3215 OAKSTAND LANE
ORLANDO, FL 32812 US**

Mailing Address
**3215 OAKSTAND LANE
ORLANDO, FL 32812 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05012004

Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2451453

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COLLINS, CHARLES J
3295 WINDY WOOD DRIVE
ORLANDO, FL 32812**

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles J. Collins **Charles J. Collins**

5-5-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	COLLINS, CHARLES	
STREET ADDRESS	3295 WINDY WOOD DR	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCALLISTER, SALLY	
STREET ADDRESS	3120 TALL TIMBER	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRADY, BARBARA	
STREET ADDRESS	3407 WINDY WOOD DR	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	D	<input type="checkbox"/> Delete
NAME	YOUNG, JOHN	
STREET ADDRESS	3101 TALL TIMBER DR	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	D	<input type="checkbox"/> Delete
NAME	TORDORF, DENNIS	
STREET ADDRESS	3299 WINDY WOOD DR	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OPDYKE, WALTER	
STREET ADDRESS	3095 TALL TIMBER DR	
CITY-ST-ZIP	ORLANDO, FL 32812	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDY MONTAVON	
STREET ADDRESS	2410 WINDY WOOD DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PEGGY KELLY	
STREET ADDRESS	3260 WINDY WOOD DRIVE	
CITY-ST-ZIP	ORLANDO, FL 32812	

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 **Charles J. Collins**

5-5-04 407-207-5440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #