2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2007 8:00 am
Secretary of State
04-05-2007 90148 007 ****61.25

DOCUMENT # 765426

1. Entity Name

BRYN MAWR SOUTH HOMEOWNERS ASSOCIATION UNIT #3 AND #7, INC.

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

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2402610 ☐ Applied For ☐ Not Applicable

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
ELWOOD, RICHARD T 2971 BRIDGEHAMPTON DR. ORLANDO FL 32812	Name: Alan Stoddard Street Address (P.O. Box Number is Not Acceptable): 3125 Goldenview Lane City: Orlando, FL Zip Code: 32812

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 _____ ALAN STODDARD 5/26/07
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
Due By May 1, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD STODDARD, ALAN 3125 GOLDENVIEW LANE ORLANDO FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VP Robin Dickerson 3010 Goldenview Lane Orlando, Fl. 32812	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD ELWOOD, RICHARD T 2971 BRIDGEHAMPTON DR. ORLANDO FL 32812	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Wendy Doromal 2914 Goldenview Lane Orlando, Fl. 32812	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPD ROLLMAN, MARK 3519 EXETER CT. ORLANDO FL 32812	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Linda Smith 3508 Exeter Ct. Orlando, Fl. 32812	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	TD COOMBE, ALISON 4720 SOUTH HAMPTON DR. ORLANDO FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D Mary Wyatt 3519 Exeter Ct. Orlando, Fl. 32812	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D ROLLMAN, MARK 2901 BRIDGEHAMPTON LANE ORLANDO FL 32812	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD HEUSTED, DAVID 3044 GOLDENVIEW LANE ORLANDO FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____ ALAN STODDARD 5/26/07 (407) 658-8868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #