

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 771169

**FILED**  
**Apr 11, 2016**  
**Secretary of State**  
**CC0177505376**

**Entity Name:** BRYN MAWR AT COUNTRYSIDE II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685

**Current Mailing Address:**

4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

**FEI Number: 59-2295061**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

REARDON, MAUREEN C  
4151 WOODLANDS PARKWAY  
PALM HARBOR, FL 34685 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRE  
Name           HALLADAY, DAVID  
Address       4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title           VP  
Name           STECCALO, PASQUALE  
Address       4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title           TRE  
Name           CATINO, LAURA  
Address       4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title           SEC  
Name           TAYLOR, ARLENE  
Address       4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

Title           D  
Name           ROTHSCHILD, CRYSTAL  
Address       4151 WOODLANDS PARKWAY  
City-State-Zip: PALM HARBOR FL 34685

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID HALLADAY**

**PRESIDENT**

**04/11/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date