

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10936

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

**Current Principal Place of Business:**

3215 OAKSTAND LANE  
ORLANDO, FL 32812

**Current Mailing Address:**

3215 OAKSTAND LANE  
ORLANDO, FL 32812 US

**FEI Number:** 59-2451453

**Certificate of Status Desired:** No

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

MACALLASTER, SARAH P  
3120 TALL TIMBER DR  
ORLANDO, FL 32812 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 P  
Name MACALLASTER, SARAH P  
Address 3120 TALL TIMBER DR  
City-State-Zip: ORLANDO FL 32812

Title VP  
Name BRADY, BARBARA VP  
Address 3407 WINDY WOOD DR  
City-State-Zip: ORLANDO FL 32812

Title S  
Name WONSAVAGE, CAROL D  
Address 3136 TALL TIMBER DRIVE  
City-State-Zip: ORLANDO FL 32812

Title DIRECTOR  
Name COLLINS, CYNTHIA B  
Address 3295 WINDY WOOD DR  
City-State-Zip: ORLANDO FL 32812

Title DIRECTOR  
Name DUNLAP, SANDY K  
Address 3210 LITTLE OAK WAY  
City-State-Zip: ORLANDO FL 32812

*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:** SARAH P MACALLASTER

**PRESIDENT**

**04/03/2018**

Electronic Signature of Signing Officer/Director Detail

Date