

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

DOCUMENT# N21440

**FILED**  
**Mar 12, 2018**  
**Secretary of State**  
**CC7906213333**

**Entity Name:** THE MANORS OF BRYN MAWR, INC.

**Current Principal Place of Business:**

C/O HARA COMMUNITY 1ST ADVISORS, LLC  
760 FLORIDA CENTRAL PKWY # 200  
LONGWOOD, FL 32750

**Current Mailing Address:**

C/O HARA COMMUNITY 1ST ADVISORS  
760 FLORIDA CENTRAL PKWY #200  
LONGWOOD, FL 32750 US

**FEI Number:** 59-2880112

**Certificate of Status Desired:** No

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

HARA COMMUNITY 1ST ADVISORS LLC.  
C/O HARA COMMUNITY 1ST ADVISORS, LLC  
760 FLORIDA CENTRAL PKWY # 200  
LONGWOOD, FL 32750 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:** RICHARD N. MICHAUD

03/12/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PYLE, DEBORA  
Address        C/O HARA COMMUNITY 1ST  
                  ADVISORS  
                  760 FLORIDA CENTRAL PKWY #200  
City-State-Zip: LONGWOOD FL 32750

Title            SECRETARY  
Name            THOMAS, ANNE D  
Address        C/O HARA COMMUNITY 1ST  
                  ADVISORS  
                  760 FLORIDA CENTRAL PKWY #200  
City-State-Zip: LONGWOOD FL 32750

Title            VP  
Name            PARKER, BARBARA  
Address        C/O HARA COMMUNITY 1ST  
                  ADVISORS  
                  760 FLORIDA CENTRAL PKWY #200  
City-State-Zip: LONGWOOD FL 32750

Title            TREASURER  
Name            FERNANDEZ, ROBERTA  
Address        C/O HARA COMMUNITY 1ST  
                  ADVISORS  
                  760 FLORIDA CENTRAL PKWY #200  
City-State-Zip: LONGWOOD FL 32750

Title            DIRECTOR  
Name            CHRISTOFFEL, CINDY  
Address        C/O HARA COMMUNITY 1ST  
                  ADVISORS  
                  760 FLORIDA CENTRAL PKWY #200  
City-State-Zip: LONGWOOD FL 32750

*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:** DEBORA PYLE

**PRESIDENT**

03/12/2018

Electronic Signature of Signing Officer/Director Detail

Date