

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21440

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

**Current Principal Place of Business:**

931 S. SEMORAN BLVD.  
SUITE # 214  
WINTER PARK, FL 32792

**Current Mailing Address:**

931 S. SEMORAN BLVD.  
SUITE # 214  
WINTER PARK, FL 32792 US

**FEI Number: 59-2880112**

**Certificate of Status Desired: No**

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

HARA MANAGEMENT, INC.  
931 S. SEMORAN BLVD  
SUITE # 214  
WINTER PARK, FL 32792 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/D  
Name GOTHANN, CYNTHIA  
Address 931 S. SEMORAN BLVD - SUITE 214  
City-State-Zip: WINTER PARK FL 32792

Title VP  
Name CHRISTOFFEL, DAN  
Address 931 S. SEMORAN BLVD - SUITE 214  
City-State-Zip: WINTER PARK FL 32792

Title SECRETARY  
Name YOST, WANDA  
Address 931 S. SEMORAN BLVD - SUITE 214  
City-State-Zip: WINTER PARK FL 32792

Title TREASURER  
Name PYLE, DEBORA  
Address 931 S. SEMORAN BLVD - SUITE 214  
City-State-Zip: WINTER PARK FL 32792

Title DIRECTOR  
Name ERNE, DAVID  
Address 931 S. SEMORAN BLVD- STE 214  
City-State-Zip: WINTER PARK FL 32792

*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: CYNTHIA GOTHANN**

**PRESIDENT**

**03/12/2013**

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

\_\_\_\_\_  
Date