2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2009
Secretary of State

DOCUMENT# 753763

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

Current Principal Place of Business:

2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044 US

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, STE 5000
LONGWOOD, FL 327795044 US

New Mailing Address:

FEI Number: 59-2194779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ULM, JEFFREY
C/O GOLDSTAR MGMT. CO
2435 US 19 #270
HOLIDAY, FL 34691 US

Name and Address of New Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 32779 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: JAMES W HART JR 03/05/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T ( ) Delete
Name: BUTZ, ANN
Address: 2737 COUNTRYSIDE RD #A-104
City-St-Zip: CLEARWATER, FL 33761

Title: VP ( ) Delete
Name: SANDERS, DORTOHY
Address: 2736 COUNTRYSIDE BLVD. A-102
City-St-Zip: CLEARWATER, FL 33761

Title: P ( ) Delete
Name: THULLEN, PHILLIP
Address: 2733 COUNTRYSIDE BLVD #B-105
City-St-Zip: CLEARWATER, FL 33761

Title: VP ( ) Delete
Name: HOOD, R SCOTT
Address: 1448 MANOGOMY LN
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: BUTZ, ANN
Address: 2737 COUNTRYSIDE RD #104
City-St-Zip: CLEARWATER, FL 33761

Title: SD (X) Change ( ) Addition
Name: JACKSON, BARBARA
Address: 2729 COUNTRYSIDE BLVD #108
City-St-Zip: CLEARWATER, FL 33761

Title: PD (X) Change ( ) Addition
Name: THULLEN, PHILLIP
Address: 10202 TARPON DR
City-St-Zip: TREASURE ISLAND, FL 33706

Title: D (X) Change ( ) Addition
Name: VINEYARD, PATTI
Address: 2737 COUNTRYSIDE BLVD #108
City-St-Zip: CLEARWATER, FL 33761

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PHIL THULLEN PD 03/05/2009
Electronic Signature of Signing Officer or Director Date