

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morheim  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
95 JAN 30 AM 9:08

**DOCUMENT # 763945 (3)**  
1. Corporation Name

**BRYN MAWR SOUTH HOMEOWNERS ASSOCIATION UNIT I, I NC.**

Principal Place of Business	Mailing Address
3301 W ST. BRIDES CIR ORLANDO FL 32812	3301 W ST. BRIDES CIR ORLANDO FL 32812

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/28/1982</b>	3a. Date of Last Report <b>04/28/1994</b>
4. FEI Number <b>59-2469814</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

**CORDING, BERYL**  
**3301 W. ST BRIDES CIRCLE**  
**ORLANDO FL 32812**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
				<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>VD</b>
NAME	<b>DUTTON, JAMES A.</b>
STREET ADDRESS	<b>3261 W ST. BRIDES CIR.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>SD</b>
NAME	<b>MUSTIAN, SHERI</b>
STREET ADDRESS	<b>4575 ST. BRIDES COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>PD</b>
NAME	<b>HAYES, SCOTT</b>
STREET ADDRESS	<b>4631 N ST. BRIDES CIRCLE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>TD</b>
NAME	<b>CORDING, BERYL</b>
STREET ADDRESS	<b>3301 W ST BRIDES CIRCLE</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>VD</b>
NAME	<b>COLLINS, DALE</b>
STREET ADDRESS	<b>4561 ST. BRIDES COURT</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>President PD</b>
3.3 STREET ADDRESS	<b>Louise Dutton</b>
3.4 CITY-ST-ZIP	<b>3261 W. St. Brides Cir., Orlando, FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Beryl Cording*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BERYL CORDING**

2-21-95

407-275-3204

Date

Daytime Phone #