

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified **06/28/1982** 3a. Date of Last Report **01/30/1995**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-2469814** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DUTTON, JAMES A.	
STREET ADDRESS	3261 W ST. BRIDES CIR.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MUSTIAN, SHERI	
STREET ADDRESS	4575 ST. BRIDES COURT	
CITY - ST - ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUTTON, LOUISE	
STREET ADDRESS	3261 W. ST. BRIDES CIR.,	
CITY - ST - ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CORDING, BERYL	
STREET ADDRESS	3301 W ST BRIDES CIRCLE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COLLINS, DALE	
STREET ADDRESS	4561 ST. BRIDES COURT	
CITY - ST - ZIP	ORLANDO FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JAMES BLANKENSHIP	
STREET ADDRESS	3330 W. ST. BRIDES CIRCLE	
CITY - ST - ZIP	ORLANDO, FL 32812	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Beryl L. Cording* **BERYL L. CORDING** **TREASURER** **2-24-96** **407-273-3204**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)