FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

763945

(3)

BRYN MAWR SOUTH HOMEOWNERS ASSOCIATION UNIT 1, 1 NC.

FILED Feb 13 1997 8:00am Secretary of State



rinciparriac	e of business	Malling Address				**** = ****	,, 0,0,,	***************************************		
3301 W ST. BR		3301 W ST. BRIDES CIR ORLANDO FL 32812-5933								
Ontonido PLA	SEC.1 E	ONLANDO PE SESTE SASS				3. Date Incorporated or Qualified 06/28/1982		te of Las 03/07/	st Report	
2. Principal P	lace of Business	2a. Maiting Address				4. FEI Number	I	10,0.,	Applied For	
21		26				59-2469814			Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				SR 75 Additional				
22		27				5. Certificate of Status Desired			Required	
City & State	e	City & State				6. Election Campaign Financing		\$5.0	00 May Be	
23		28				Trust Fund Contribution			ed to Fees	
Zip	Country	Zip	Countr	У		8. This corporation has liability for in	ntangible	tax unde	er s. 199.032,	
24	25	29	30			Florida Statutes	Yes	No		
	9. Name and Address of Current	Registered Agent		т.		10. Name and Address of New Reg	latered A	gent		
ı			81	י וי	Name					
CORDING, BERYL				2 5	Street Addre	dress (P.O. Box Number is Not Acceptable)				
	ST BRIDES CIRCLE									
ORLAND	OO FL 32812		83	3						
			64	1 0	City			85 Z	ip Code	
			1	1	•		FL	1 -	·	
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florida Statut	tes, the abov	/e-n	amed corpo	oration submits this statement for the pu on's board of directors. I hereby accept	irpose of	changin	g its registered	
agent. I a	m familiar with, and accept the obligation	tions of, Section 617.0503, Fi	orida Statute	γγιπ 98.	ie corporatio	on's board or directors, I hereby accep-	the appo	nemink	as registered	
SIGNATURE										
	Signature, typed or printed name of registered agen			gent a	ignature require	d when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE				
TITLE	VD	☐ DELETE	1.1 TITLE					Chan	ge 🔲 Addition	
NAME	DUTTON, JAMES A.		1.2 NAME							
STREET ADDRESS	3261 W ST. BRIDES CIR.		1.3 STREE	T AD	Dress					
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-	ST-Z	MP .					
TITLE	SD	☐ DELETE	2.1 TITLE					Chan	ge 🔲 Addition	
NAME	Mustian, Sheri		2.2 NAME							
STREET ADDRESS	4575 ST. BRIDES COURT		2.3 STREE	T ADI	Dress					
CITY-ST-ZIP	ORLANDO FL	1	2.4 CITY-	ST-2	ZIP	. *				
TITLE	PD	DELETE	3.1 TITLE					Chan	ge Addition	
NAME	Dutton, Louise		3.2 NAME							
STREET ADDRESS	3261 W. ST. BRIDES CIR.,		3.3 STREE	T AD	DRESS					
CITY-ST-ZIP	ORLANDO FL		3.4. CITY -	<u> </u>	ZIP					
TITLE	TD	DELETE	4.1 TITLE					Chan	ge 🔲 Addition	
NAME	CORDING, BERYL		4. 2 NAME	Ē					j	
STREET ADDRESS	3301 W ST BRIDES CIRCLE		4.3 STREE	T AD	DRESS					
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-1	\$T - Z	MP					
TITLE	VO .	DELETE	5.1 TITLE					Chan	ge Addition	
NAME	BLANKENSHIP, JAMES		5.2 NAME							
STREET ADDRESS	3330 S ST BRIDES CIRCLE		5.3 STREE	T ADI	DRESS					
CłTY - ST - ZIP	ORLANDO FL		5.4 CITY - 1	ST-Z	up					
TITLE		☐ DELETE	6.1 TITLE					Chang	ge Addition	
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE		DRESS					
CITY-ST-ZIP			6.4 CITY-5		1					
	y cartify that the information symplical	with this filing does not quali				in Caction 110 07(2)(i) Florida Ctat. tea	1.6			

Information indicated on this annual report or supplemental annual report 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.