

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 20 PM 2:15

DOCUMENT # 765426 (2)

1. Corporation Name

**BRYN MAWR SOUTH HOMEOWNERS ASSOCIATION UNIT #3 A
ND #7, INC.**

Principal Place of Business
**3149 BRIDGEHAMPTON LN.
ORLANDO FL 32812**

Mailing Address
**3149 BRIDGEHAMPTON LN.
ORLANDO FL 32812**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/18/1982

3a. Date of Last Report
03/01/1994

4. FEI Number
59-2402610

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FIGUEROA, CORLISS R.
3149 BRIDGEHAMPTON LN.
ORLANDO FL 32812**

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 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 **VB-**
NAME **BESUDEN, TIM**
STREET ADDRESS **3217 CHATSWORTH LANE**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Foucault, Art**
1.3 STREET ADDRESS **3500 Danby Court**
1.4 CITY-ST-ZIP **Orlando FL 32812**

TITLE **D**
NAME **SILL, MORT**
STREET ADDRESS **3160 CHATSWORTH LANE**
CITY-ST-ZIP **ORLANDO FL**

2.1 TITLE **VP** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **PD**
NAME **BAYER, WILLIAM**
STREET ADDRESS **3485 EXETER COURT**
CITY-ST-ZIP **ORLANDO FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **TD-**
NAME **HOSTETLER, JOE**
STREET ADDRESS **3500 CHATSWORTH LANE**
CITY-ST-ZIP **ORLANDO FL**

4.1 TITLE **T** ☒ Change ☒ Addition
4.2 NAME **Tadlock, John**
4.3 STREET ADDRESS **4630 South Hampton Dr.**
4.4 CITY-ST-ZIP **Orlando, FL 32812**

TITLE **D**
NAME **STODDARD, ALAN**
STREET ADDRESS **3125 GOLDEN VIEW LANE**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **S**
NAME **DAVIS, PAT**
STREET ADDRESS **3308 BERRIDGE LANE**
CITY-ST-ZIP **ORLANDO FL**

6.1 TITLE ☐ Change ☐ 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)(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **William Bayer** P

3/1/95 (407) 658-8868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BRYN MAWR SOUTH HOMEOWNERS ASSOCIATION UNITS 3 AND 7, INC:

ADDITIONAL OFFICERS AND DIRECTOS

12. D

Berard, Irene
3165 Berridge Lane
Orlando, FL 32812