

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 # 765426 (2)

1. Corporation Name

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



Principal Place of Business

Mailing Address

**3149 BRIDGEHAMPTON LN.
ORLANDO FL 32812**

**3149 BRIDGEHAMPTON LN
ORLANDO FL 32812**

3. Date Incorporated or Qualified
10/18/1982

3a. Date of Last Report
03/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

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

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

Susan E. Hall

82 Street Address (P.O. Box Number is Not Acceptable)

3149 Bridgehampton Lane

83

Orlando,

84 City

FL

85 Zip Code

32812

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

Susan E. Hall

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **D**
FOUCAULT, ART
STREET ADDRESS **3500 DANBY COURT**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

TITLE ☒ DELETE

NAME **T**
TADLOCK, JOHN
STREET ADDRESS **4630 SOUTH HAMPTON DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☒ DELETE

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

TITLE ☒ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME **President, "D"**
13 STREET ADDRESS **Susan E. Hall**
14 CITY-ST-ZIP **3024 Goldenview Lane**
Orlando, Fl. 32812

2.1 TITLE ☒ Change ☐ Addition

22 NAME **Vice-Pres., "D"**
23 STREET ADDRESS **Scott Thompson**
24 CITY-ST-ZIP **3506 Exeter Ct.**
Orlando, Fl. 32812

3.1 TITLE ☒ Change ☐ Addition

32 NAME **Secretary, "D"**
33 STREET ADDRESS **David A. Heusted**
34 CITY-ST-ZIP **3044 Goldenview Lane**
Orlando, Fl. 32812

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **Treasurer, "D"**
4.3 STREET ADDRESS **Robert Santana**
4.4 CITY-ST-ZIP **3517 Exeter Court**
Orlando, Fl. 32812

5.1 TITLE ☒ Change ☐ Addition

52 NAME **Gina Desin, Director ("D")**
53 STREET ADDRESS **3084 Golden View Lane**
5.4 CITY-ST-ZIP **Orlando, Fl. 32812**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **Director**
6.3 STREET ADDRESS **Erik Wiberg, "D"**
6.4 CITY-ST-ZIP **3519 Exeter Court**
Orlando, Fl. 32812

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:

Susan E. Hall, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/96

Date

481-33280
277-91226

Daytime Phone #

CR2E037 (12/95)