

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90029 017 \*\*\*\*61.25

**DOCUMENT # 765426**

1. Entity Name

**BRYN MAWR SOUTH HOMEOWNERS ASSOCIATION UNIT #3 A**

Principal Place of Business	Mailing Address
3149 BRIDGEHAMPTON LN. ORLANDO FL 32812	3149 BRIDGEHAMPTON LN. ORLANDO FL 32812

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2402610	Applied For	<input type="checkbox"/>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THOMAS, GARY SUE 3060 BRIDGEHAMPTON LANE ORLANDO FL 32812	Name ALAN STODDARD Street Address (P.O. Box Number is Not Acceptable) 3125 GOLDENVUE LANE City ORLANDO FL Zip Code 32812

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Alan Stoddard* ALAN STODDARD, PRESIDENT FEB. 23, 2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STODDARD, ALAN 3125 GOLDENVUE LANE ORLANDO FL 32812 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President (P/D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Alan Stoddard 3125 Goldenvue Lane Orlando, Fl. 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANCASTER, JANICE 2926 GOLDEN VIEW LANE ORLANDO FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President (V-P/D) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ray Laguna 3307 Berridge Lane Orlando, Fl. 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSLEY, ROBERT 3120 BRIDGEHAMPTON LANE ORLANDO FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mark L. Johnston (D) 3304 Berridge Lane Orlando, Fl. 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERARD, IRENE 3040 BRIDGEHAMPTON LANE ORLANDO FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAGUNA, RAY 3307 BERRIDGE LANE ORLANDO FL 32812 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROLLMAN, MELANIE 2901 BRIDGEHAMPTON LANE ORLANDO FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alan Stoddard* A.G. STODDARD Pres. 2/23/01 (407) 658-8868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)