

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90034 041 \*\*\*\*61.25

**DOCUMENT # 765426**

1. Entity Name

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



Principal Place of Business

**3149 BRIDGEHAMPTON LN.  
ORLANDO FL 32812**

Mailing Address

**3149 BRIDGEHAMPTON LN.  
ORLANDO FL 32812**

**34020714**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2402610**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAGUNA, RAYMOND  
3319 BERRIDGE LANE  
ORLANDO FL 32812**

Name

**Art Foucault**

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

**3500 Danby Court**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

**ART FOUCAULT**

(NOTE: Registered Agent signature required when reinstating)

**MARCH 18, 2004**

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STADDARD, ALAN 3125 GOLDENVIEW LANE ORLANDO FL 32812	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSLEY, BOB 3120 BRIDGEHAMPTON LANE ORLANDO FL 32812	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COOMBE, ALISON 4720 S HAMTON DR ORLANDO FL 32812	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BERARD, IRENE 3040 BRIDGEHAMPTON LANE ORLANDO FL 32812	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAGUNA, RAY 3319 BERRIDGE LANE ORLANDO FL 32812	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, MARK 3304 BEERIDGE LANE ORLANDO FL 32812	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Alan Stoddard 3125 Goldenview Lane Orlando, Fl. 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Art Foucault 3500 Danby Court Orlando, Fl. 32812	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD David Heusted 3044 Goldenview Lane Orlando, Fl. 32812	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Alison Coombe 4720 South Hampton Dr. Orlando, Fl. 32812	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Irene Berard 819 Belhaven Rd. Orlando, Fl. 32828	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bob Mosley 3120 Bridgehampton Lane Orlando, Fl. 32812	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ART FOUCAULT**

**March 18, 04 (407) 658-8868**

Date

Daytime Phone #