

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

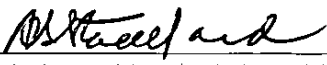
FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90148 007 ****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	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

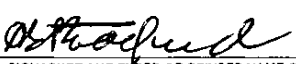


1st MOORE CR2E037 (10/06)

6. Name and Address of Current Registered Agent ELWOOD, RICHARD T 2971 BRIDGEHAMPTON DR. ORLANDO FL 32812		7. Name and Address of New Registered Agent Name Alan Stoddard Street Address (P.O. Box Number is Not Acceptable) 3125 Goldenview 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable		ALAN STODDARD (NOTE: Registered Agent signature required when reinstating) 5/26/07 DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																							
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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** 5/26/07 (407) 658-8868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *