

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90515 025 *****61.25

DOCUMENT # 765426

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2402610**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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]

RAYMOND LAGUNA

APRIL 15, 2003

Signature of 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. ☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STODDARD, ALAN	
STREET ADDRESS	3125 GOLDENVIEW LANE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEDOGER, MARC D	
STREET ADDRESS	3165 BERRIDGE LANE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COOMBE, ALISON	
STREET ADDRESS	4720 SOUTH HAMPTON	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BERARD, IRENE	
STREET ADDRESS	3040 BRIDGEHAMPTON LANE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LAGUNA, RAY	
STREET ADDRESS	3319 BERRIDGE LANE	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSTON, MARK L	
STREET ADDRESS	3304 BERRIDGE LANE	
CITY-ST-ZIP	ORLANDO FL 32812	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Vice-Pres. (V-P/D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alan Stoddard	
STREET ADDRESS	3125 Goldenview Lane	
CITY-ST-ZIP	Orlando, FL 32812	
TITLE	Treasurer (T/D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Mosley	
STREET ADDRESS	3120 Bridgehampton Lane	
CITY-ST-ZIP	Orlando, FL 32812	
TITLE	Director (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alison Coombe	
STREET ADDRESS	4720 South Hampton Dr.	
CITY-ST-ZIP	Orlando, FL 32812	
TITLE	Director (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark Johnston	
STREET ADDRESS	3304 Berridge Lane	
CITY-ST-ZIP	Orlando, FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED

APRIL 15, 2003 (407) 658-8868

CR2E037 (10/02)