2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-21-2005 90223 041 ****61.25

DOCUMENT # 768443

1. Entity Name

BRYN MAWR HOMEOWNERS ASSOCIATION UNIT #4, INC.

Principal Place of Business	Mailing Address
5280 CHATSWORTH CT. ORLANDO FL 32812 US	4524 CURRY FORD RD. 224 ORLANDO FL 32812 US

400063810

1st MOORE CR2E037, (10/04)

2. Principal Place of Business	3. Mailing Address
Mark Massaro	4524 Curry Ford Rd.
Suite, Apt. #, etc.: 3314 Heathgate Ct	Suite, Apt. #, etc.: #224
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32812 Country: USA	Zip: 32812 Country: USA

4. FEI Number: 59-2498085 ☐ Applied For ☐ Not Applicable

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
MURRAY LLOYD 3415 MARSTON DR. ORLANDO FL 32812	Name: Mark Massaro Street Address (P.O. Box Number is Not Acceptable): 3314 Heathgate Ct 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: _____ 4/14/05
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 Due By May 1, 2005

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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MURRAY, LLOYD 3419 MARSTON DR. ORLANDO FL 32812	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~Mark~~ Massaro, Mark 3314 Heathgate Ct Orlando, FL 32812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KERKHOF, CAROL 3430 MARSTON DR. ORLANDO FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Braswell, Sam 5323 Rockbourne Ct Orlando, FL 32812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CULVERHOUSE, PATTI 3317 HEATHGATE COURT ORLANDO FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ~~Carol~~ Kindt, Carol 5369 Keswick Ct Orlando, FL 32812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HITT, MILLIE 3475 MARSTON DR. ORLANDO FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ~~Debbie~~ Warren, Debbie 5370 Chatsworth Ct Orlando, FL 32812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WARREN, DEBORAH H 5370 CHATSWORTH CT. ORLANDO FL 32812	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Reese, Ann 5327 Rockbourne Ct Orlando, FL 32812	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Reeves, Elizabeth 5324 Rockbourne Ct Orlando, FL 32812	☐ Change ☒ 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: _____ 4-14-05 407-896-8341
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDENT OR OFFICER OR DIRECTOR DATE PHONE