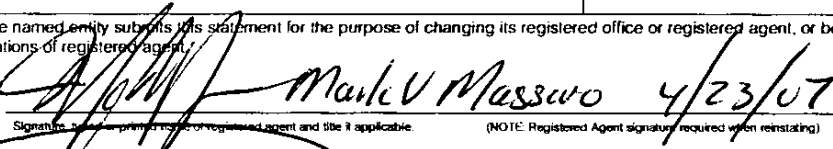
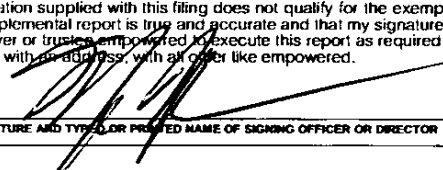


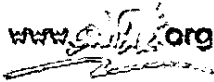
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90837 020 ****61.25

DOCUMENT # 768443 1. Entity Name BRYN MAWR HOMEOWNERS ASSOCIATION UNIT #4, INC.					
Principal Place of Business MARK MASSARO 3314 HEATHGATE CT ORLANDO, FL 32812 US			Mailing Address 4524 CURRY FORD RD. 224 ORLANDO, FL 32812 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2498085	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MASSARO, MARK 3314 HEATHGATE CT ORLANDO, FL 32812				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> SIGNATURE  Signature of the principal place of business agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) </div> <div style="text-align: center;"> DATE 4/23/07 </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 MASSARO, MARK 3314 HEATHGATE CT 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	VD BRASWELL, SAM 5323 ROCKBOURNE CT ORLANDO, FL 32812	<input type="checkbox"/> Delete <i>See</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>ATTACHMENT</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KINDT, CAROL 5369 KESWICK CT ORLANDO, FL 32812	<input type="checkbox"/> Delete <i>See</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>ATTACHMENT</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WARREN, DEBBIE 5370 CHATSWORTH CT 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 REESE, ANN 5327 ROCKBOURNE CT ORLANDO, FL 32812	<input type="checkbox"/> Delete <i>See</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>ATTACHMENT</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAYERS, DEB 5340 KESWICK CT ORLANDO, FL 32812	<input type="checkbox"/> Delete <i>See</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>ATTACHMENT</i>	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 					
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
<div style="display: flex; justify-content: space-between;"> <div> 4/23/07 Date </div> <div> 407-836-7971 Daytime Phone # </div> </div>					

ATTACHMENT



Division of Corporations

40093007

Annual Report

Annual Report Help

Document Number

768443

Business Entity Name

BRYN MAWR HOMEOWNERS ASSOCIATION UNIT #4, INC.

FEI Number

592498085

FEI Number Status

☒ Listed Above ☐ Applied For ☐ Not Applicable

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

MARK MASSARO

Suite, Apt. #, etc

3314 HEATHGATE CT

City, State

ORLANDO

FL

Zip Code & Country

32812

US

Mailing Address

Address

4524 CURRY FORD RD.

Suite, Apt. #, etc.

224

City, State

ORLANDO

FL

Zip Code & Country

32812

US

Name and Address of Registered Agent

Name (Last, First, Middle, Title)

MASSARO

MARK

- OR -

Business to serve as RA

Address (PO Box is not acceptable)

3314 HEATHGATE CT

Suite, Apt. #, etc

City, State

ORLANDO

FL

Zip Code & Country

32812

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature MARK MASSARO

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes

ATTACHMENT 40093007

#768443

Officer/Director Name and Address

Our database can hold up to 6 officers/directors. If more than 6 officers/directors need to be made a part of the record, you cannot file the annual report online. You will need to download an annual report and list the additional officers/directors, title(s), name, and address on an attachment.

Title	P		
Name (Last, First, Middle, Title)	MASSARO	MARK	
- OR -			
Entity Name to serve as Officer/Director			
Street Address	3314 HEATHGATE CT		
City, State	ORLANDO	FL	
Zip Code & Country	32812		
Title	VD		
Name (Last, First, Middle, Title)	RADCLIFFE	JAMES	
- OR -			
Entity Name to serve as Officer/Director			
Street Address	3110 HEATHGATE CT		
City, State	ORLANDO	FL	
Zip Code & Country	32812		
Title	D		
Name (Last, First, Middle, Title)	KETZLER	CHARLES	
- OR -			
Entity Name to serve as Officer/Director			
Street Address	3316 HEATHGATE CT		
City, State	ORLANDO	FL	
Zip Code & Country	32812		
Title	T		
Name (Last, First, Middle, Title)	WARREN	DEBBIE	
- OR -			
Entity Name to serve as Officer/Director			
Street Address	5370 CHATSWORTH CT		
City, State	ORLANDO	FL	
Zip Code & Country	32812		

ATTACHMENT 40093007

768443

Title

D

Name (Last, First, Middle, Title)

MEYER

DEBBIE

- OR -

Entity Name to serve as
Officer/Director

Street Address

5340 KESWICK CT

City, State

ORLANDO

FL

Zip Code & Country

32812

Title

S

Name (Last, First, Middle, Title)

ENGLAND

GARY

- OR -

Entity Name to serve as
Officer/Director

Street Address

5339 KESWICK CT

City, State

ORLANDO

FL

Zip Code & Country

32812

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block

Title

P

Officer/Director Signature MARK MASSARO

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s. 831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

Continue

Reset

Start Over