

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13361

FILED
Mar 02, 2005
Secretary of State

Entity Name: BRYN MAWR HOMEOWNERS ASSOCIATION UNIT #8, INC.

Current Principal Place of Business:

2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. STATE ROAD 434
SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2699188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W
SENTRY MANAGEMENT, INC.
2180 W. STATE ROAD 434, SUITE 5000
LONGWOOD, FL 32777 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CURTS, NATALIE
Address: 2906 RISSE AVENUE
City-St-Zip: ORLANDO, FL 32812

Title: VPD () Delete
Name: SUTTON, ANDREA
Address: 5345 RED CLIFF TR
City-St-Zip: ORLANDO, FL 32812

Title: SD () Delete
Name: VOISIN, CAROL
Address: 5320 DENVER DR
City-St-Zip: ORLANDO, FL 32812

Title: TD () Delete
Name: SIMMONS, JUDITH
Address: 5320 ALCOM DR
City-St-Zip: ORLANDO, FL 32812

Title: D () Delete
Name: HACKETT, SHARON
Address: 2901 CONOVER AVE
City-St-Zip: ORLANDO, FL 32812

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: HACKETT, SHARON
Address: 2901 CONOVER AVE
City-St-Zip: ORLANDO, FL 32812

Title: SD (X) Change () Addition
Name: DI BLASIO, MARIA
Address: 5316 ALCOM DR
City-St-Zip: ORLANDO, FL 32812

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CURTS, TONYA
Address: 2906 RISSE AVENUE
City-St-Zip: ORLANDO, FL 32812

Title: D () Change (X) Addition
Name: BUTLER, CAROLYN
Address: 5338 RED CLIFF TR
City-St-Zip: ORLANDO, FL 32812

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATALIE CURTS

PD

03/02/2005

Electronic Signature of Signing Officer or Director

Date