FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name

(9)

CARMEL OF BRYN-MAWR CONDOMINIUM ASSOCIATION, INC

•												
Principal Place of Business Mailing Address									1 INDHILBI BIN ILAKI DILBI BIRI MINID	ENTE MINER AND	II WHUH WHUH	MINIS MANNE HANG
2697-B SUNSET POINT ROAD CLEARWATER FL 34619-1500 CLEARWATER FL 34619-1500												
								3	Date Incorporated or Qualified 03/22/1988		e of Last F 06/21/19	
2. Principal Place of Business				2a. Mailing Address				4	. FEI Number	.4	A	pplied For
21				26					59-3086714	,		ot Applicable
Suite, Apt #, etc.				Suite, Apt. #, etc.				5	5. Certificate of Status Desired Fee Required			
City & State			28					6	6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees			
—	Zip Country			├ ' ├			ountry		8. This corporation has liability for intangible tax under s. 199.032,			
24 25 9. Name and Address of Current			29					Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	5, IVAIIIE	BIIG AGGISSE OF OU	HOIR NOGICE	area regent		81	Name		. Hallo allu Audites VI Hen Ke	Jacoleo V	Sair	
NASSER, WILLIAM J.												
2697 B SUNSET POINT ROAD							Street Ad	.ddress (ess (P.O. Box Number is Not Acceptable)			
CLEARWATER FL 34610x 33759						B3						
						84	City		· · · · · · · · · · · · · · · · · · ·		85 Zip	Code
44.5			0500 - 104	- 1500 P		<u> </u>	L			<u>FL</u>		
office or re	to the provis egistered aç	ions or Sections 617 jent, or both, in the S	tate of Florida	7.1508, Florida St a. Such change w	atutes, the as authoriz	abovi ed bj	e-named co the corpor	corporation's	on submits this statement for the p board of directors. I hereby accep	urpose of t the appo	cnanging i sintment as	its registered registered
	m familiar w	th, and accept the o	bligations of,	Section 617.0503	, Fiorida St	atute	S .					
SIGNATURE.	Signature, typed	or printed name of registere	d agent and title if	applicable (NOTE Register	red Age	ent signature rec	equired who	n reinstating)	DATE		
12.		OFFICERS	AND DIRECT		13				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	A\$ IN 12
TITLE	PD			☐ DELETE	1.1	TITLE					Change	Addition
NAME		r, marlyn n		1.2 N					•			
STREET ADDRESS		OUNTRYSIDE BLV	D., #29				ADDRESS					
CITY-ST-ZIP		VATER FL 34621		DELETE		CITY-S	IT-ZIP		·····		Change	Addition
TITLE	D	CON MODDIC		□ pereir		TITLE	ļ		1		LI Charge	LI AUGILION
NAME STREET ADDRESS		son, Morris Duntryside blv	n 40			NAME etere	ADDRESS					
CITY - ST - ZIP		VATER FL 34621	U., #4		1		ST-ZIP					
TITLE	T	MICH IL OTOLI		DELETE		TITLE	31-211				Change	Addition
NAME	PALAM	ARA, JOSEPHINE				NAME						
STREET ADDRESS		OUNTRYSIDE BLV	D., #19		3.3	STREET	ADDRESS					
CITY - ST - ZIP		VATER FL	_		3.4.	CITY-	ST-ZIP					
TITLE	SD			DELETE	4.1	TITLE					Change	Addition
NAME	RAO, C				4.2	NAME					-	
STREET ADDRESS		DUNTRYSIDE BLV	D. #14		4.3	STREET	ADDRESS -					
CITY-ST-ZIP	CLEAR	NATER FL 34621		1 55.555		CITY-S	T-ZIP					1.400
THILE				☐ DELETE		TITLE					Change	Addition
NAME						NAME						
STREET ADDRESS						i	ADDRESS					
CITY-ST-ZIP				☐ DELETE		CITY-S TITLE	il - ZIP				Change	Addition
TITLE				C Decese							Olidii yo	Land Audulion
NAME CHOCK LADDOCCC						NAME CYDCC	ADDRESS					
STREET ADDRESS					6.3	orket i	ADDRESS					

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

4-22-97

FILED

May 13 1997 8:00am

Secretary of State

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