

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90039 014 ****61.25

34015687

DOCUMENT # N25549

1. Entity Name
CARMEL OF BRYN-MAWR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1799-B H. BELCHER RD.
 STE B
 CLEARWATER, FL 33765 US**

Mailing Address
**1799-B H. BELCHER RD.
 STE B
 CLEARWATER, FL 33765 US**


2. Principal Place of Business
2435 US 19

3. Mailing Address
2435 US 19

Suite, Apt. #, etc.
Ste 270

City & State
Holiday FL

Zip
34691 Country **US**



02032004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3086714

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMERI-TCH REALTY INC.
 1799-B NORTH BELCHER RD.
 CLEARWATER, FL 33765**

7. Name and Address of New Registered Agent

Name **Jeffrey Ulm**

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

2435 US 19 Ste 270

City **Holiday** State **FL** Zip Code **34691**

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 *Jeffrey Ulm* **Jeffrey Ulm** 2/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

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	DP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PALMER, JOHN			NAME			
STREET ADDRESS	2749 COUNTRYSIDE BLVD., #17			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33761			CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRIFFITH, EVELYN			NAME			
STREET ADDRESS	274 COUNTRY SIDE BLVD, #16			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33761			CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MUNNS, VIRGINIA			NAME			
STREET ADDRESS	2749 COUNTRYSIDE BLVD, #26			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 33761			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: *Evelyn Griffith* **Evelyn Griffith** 3-03-04 **727 791-0640**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #