

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -9 AM 11:24

DOCUMENT # 735364 (2)
1. Corporation Name
BRIDGE-OF-WOOD ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3250 NW 85TH AVE 3250 NW 85TH AVE
CORAL SPRG FL 33065 CORAL SPRG FL 33065

3. Date Incorporated or Qualified 03/24/1976	3a. Date of Last Report 04/05/1994
4. FEI Number 59-1673909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**PARSONS, CORTLAND
3250 NW 85 AVE
CORAL SPRGS FL 33065**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Cortland Parsons* **Feb 2, 1995**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

12. OFFICERS AND DIRECTORS	
TITLE P	PARSONS, CORTLAND 3250 NW 85TH AVE, #1 CORAL SPRGS, FL 00000
TITLE T	PAPARESTA, MADELINE 3250 NW 85TH AVE. #22 CORAL SPRGS, FL 00000
TITLE S	MARKIS, ETHEL 3250 NW 85TH AVE. #23 CORAL SPRG, FL 00000
TITLE V	MCCROSKY, ROY 3250 NW 85TH AVE #2 CORAL SPRG, FL 00000
TITLE D	RESS, LORNA 3250 NW 85TH AVE CORAL SPRGS, FL 00000
TITLE VD	TERRY, ROBERT 3250 NW 85TH AVE #21 CORAL SPRINGS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Michael Brusso	
1.3 STREET ADDRESS 3250 NW 85TH AVE #3	
1.4 CITY - ST - ZIP CORAL SPRGS FL 33065	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME Lorraine Eimer	
5.3 STREET ADDRESS 3250 NW 85 AVE, #19	
5.4 CITY - ST - ZIP CORAL SPRG, FL 33065	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Cortland Parsons* **CORTLAND E. PARSONS** **2/2/95**
Signature and typed or printed name of signing officer or director. (Typed Name)