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 #

735364

(2)

BRIDGE-OF-WOOD ASSOCIATION, INC.

Principal Place of Business		Mailing Address			0484 1016 8485 1811 1944 1001	
3250 NW 85TH AVE CORAL SPRG FL 33065		3250 NW 85TH AVE CORAL SPRG FL 33065-4681				
				3. Date Incorporated or Qualified 3a. 03/24/1976	O3/14/1996	
	lace of Business	2a. Mailing Address		4. FEI Number 59-1673909	Applied For	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.		33 1070303	Not Applicable	
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees	
24	25	⊢ `	30	This corporation has liability for intangi Florida Statutes	ble tax under s. 199.032, No	
	9. Name and Address of Curren			10. Name and Address of New Registers		
			81 Name			
MCCROSKEY, ROY			82 Street	Addresk (0.6 E& Number k Roy Acceptable)		
3250 NW 85 AVE			62 Street /	3250 NW 85 AVE		
CORAL SPRGS FL 33065			83			
				CORAL SPRINGS, FL 3		
			84 City	F		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 jamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
agent. I a	registered agent, or both, in the state im familiar with, and accept the obliga-	of Florida. Such change was at Mions of, Section 617,0503, Flor	utnorized by the corp rida Statutes.	poration's board of directors. I hereby accept the a	appointment as registered	
SIGNATURE	Kokert Te	Srit			_	
	Signature, typed or printed name of registered age		: Registered Agent signature	required when reinstating) DATE	2/3/97 -	
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS A	4	
TITLE	P	DELETE	1.1 TITLE P	ROBERT TERRY	Change Addition	
NAME	MCCROSKEY, ROY		1.2 NAME	3250 NW 85 AVE #21		
STREET ADDRESS	3250 NW 86 AVE #2		1.3 STREET ADDRESS	,,		
CITY-ST-ZIP	CORAL SPRGS, FL 00000		1.4 CITY - ST - ZIP	CORAL SPRINGS, FL 330		
TITLE	TS	☐ DELETE	2.1 TITLE TS	TS	☐ Change ☐ Addition	
NAME	PAPARESTA, MADELINE		2.2 NAME	PAPARESTA, MADELINE		
STREET ADDRESS	3250 NW 85TH AVE. #22		2.3 STREET ADDRESS	3250 NW 85thAVE #22		
CITY-ST-ZIP	CORAL SPRGS, FL 00000		2. 4 CITY - ST - ZIP	CORAL SPRINGS FL 330	65_/	
TITLE	V	DELETE	3.1 TITLE		Change Addition	
NAME	TERRY, BOB		3.2 NAME V	V		
STREET ADDRESS	3250 NW 85 AVE #21		3.3 STREET ADDRESS	RAE SCHMELTZ		
CITY-ST-ZIP	CORAL SPRG, FL 00000		3.4. CITY-ST-ZIP	3250 NW 85 AVE #11,C		
TITLE	D DUIDOO MUCE	☐ DELETE	4.1 TITLE D	D	☐ Change ☐ Addition	
NAME	BRUSSO, MIKE		4.2 NAME	LORRAINE EIMER	•	
STREET ADDRESS	3250 NW 85 AVE #3		4.3 STREET ADDRESS	3250 NW 85 AVE #19		
CITY-ST-ZIP	CORAL SPRG, FL 00000	O OFFICE	4.4 CITY - ST - ZIP	CORAL SPRINGS, FL 330	65	
TITLE	D D	☐ DELETE	5.1 TITLE 5.2 NAME D	D	Change Addition	
NAME	EIMER, LORRAINE		0.2 TO UNE	MIKE BRUSSO		
STREET ADDRESS	3250 NW 85 AVE #19		5.3 STREET ADDRESS	3250 NW 85 AVE #3		
CITY - ST - ZIP	CORAL SPRGS, FL 00000	DELETE	5.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33	Change Addition	
TITLE	VD	DELETE	6.1 TITLE D	D	Change Addition	
NAME	JERRY, ROBERT		6.2 NAME	PHIL BOLLMAN		
STREET ADDRESS	3250 NW 85TH AVE #21		6.3 STREET ADDRESS	3250 NW 85 AVE#314		

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated NSAIda 15 PAST NOSE: States Big 65 trify 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.

SIGNATURE: SHONATURE AND TYPET OR PRINTED NAME OF SHOWING DEFICES OF

2/3/497 (9

(954)ನ55ಪ3378

FILED

Feb 07 1997 8:00am

Secretary of State