

FILE NOW: FILING FEE IS \$61.25

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Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760718 (7)

1. Corporation Name
BRETTON WOODS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 2420 N.E. 7TH STREET OCALA FL 34470 US	Mailing Address 2420 N.E. 7TH STREET OCALA FL 34470-6219 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/16/1981	3a. Date of Last Report 02/14/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 39-1417424	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**LAURA PALMESE
2449 NE 7TH STREET
OCALA FL 34470**

10. Name and Address of New Registered Agent

81. Name Mrs. Ruth Colson
82. Street Address (P.O. Box Number is Not Acceptable) 2415 N.E. 7th Street
83. Apt. # Apt. #15
84. City Ocala, FL
85. Zip Code 34470

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE X Ruth Colson **Ruth Colson, Acting Secretary/Registered Agent** DATE **05/25/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARLOW, ANN	
STREET ADDRESS	2415 NE 7TH TREET, APT. 3	
CITY-ST-ZIP	OCALA FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PALMESE, LAURA	
STREET ADDRESS	2449 NE 7TH STREET	
CITY-ST-ZIP	OCALA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BLAKE, MABEL	
STREET ADDRESS	2442 NE 7TH STREET, APT. 1	
CITY-ST-ZIP	OCALA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NORTON, GAIL	
STREET ADDRESS	2439 NE 7TH ST	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLSON, RUTH	
STREET ADDRESS	2415 NE 7TH ST #15	
CITY-ST-ZIP	OCALA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Harlow, Ann	
1.3 STREET ADDRESS	2415 N.E. 7th Street, Apt. #3	
1.4 CITY-ST-ZIP	Ocala, Florida 34470	
2.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Pomponio, Joseph	
2.3 STREET ADDRESS	2432 N.E. 7th Street, Apt. #5	
2.4 CITY-ST-ZIP	Ocala, Florida 34470	
3.1 TITLE	Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	(position vacant at present)	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Miller, Albert	
4.3 STREET ADDRESS	2415 N.E. 7th Street, Apt. #9	
4.4 CITY-ST-ZIP	Ocala, Florida 34470	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Crooks, Mary Jane	
5.3 STREET ADDRESS	2438 N.E. 7th Street	
5.4 CITY-ST-ZIP	Ocala, Florida 34470	
6.1 TITLE	Acting Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Colson, Ruth	
6.3 STREET ADDRESS	2415 N.E. 7th Street, Apt. #15	
6.4 CITY-ST-ZIP	Ocala, Florida 34470	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or in an attachment with an address.

CR2E037 (9/96)