

FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 US
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3. Date Incorporated or Qualified
11/16/1981

4. FEI Number
39-1417424

Applied For	
Not Applicable	

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

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
We're a Not-for Profit Corp. Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**COLSON, MRS RUTH
2415 N.E. 7TH ST
APT. 15
OCALA FL 34470**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HARLOW, ANN	
STREET ADDRESS	2415 NE 7TH STREET, APT. 3	
CITY-ST-ZIP	OCALA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	POMPONIO, JOSEPH	
STREET ADDRESS	2432 N.E. 7TH ST, APT. 5	
CITY-ST-ZIP	OCALA FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BLAKE, MABEL	
STREET ADDRESS	2442 NE 7TH STREET, APT. 1	
CITY-ST-ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ALBERT	
STREET ADDRESS	2415 N.E. 7TH ST, APT. 9	
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	D	<input checked="" type="checkbox"/> DELETE
NAME	CROOKS, MARY JANE	
STREET ADDRESS	2438 N.E. 7TH ST	
CITY-ST-ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Street is incorrectly typed as Treet (Please correct)
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
3.2 NAME	Vice-President Walker, Shannon
3.3 STREET ADDRESS	2437 N.E. 6th Street, Apt. #7
3.4 CITY-ST-ZIP	Ocala, Florida 34470
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Secretary Dickard, Deborah
4.3 STREET ADDRESS	2417 N.E. 6th Street, Apt. #10
4.4 CITY-ST-ZIP	Ocala, Florida 34470
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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.

SIGNATURE: *Ann Harlow* Ann Harlow. 03/11/98 (352) 402-0058

CR2E037 (10/97)