


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90158 046 ****61.25

DOCUMENT # 760718							
1. Entity 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					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 39-1417424			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Applied For		Not Applicable					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
NOLAN, M. JANE CAM 420 NE 12 STREET OCALA FL 34470			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____							
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. DIRECTORS IN 10				
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GALLOWAY, NOLAN C JR.		NAME	Jeanette Fucci			
STREET ADDRESS	P.O. BOX 113		STREET ADDRESS	2418-06 N.E. 7 Street			
CITY-ST-ZIP	OCALA FL 34478		CITY-ST-ZIP	Ocala, FL 34470			
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	DVP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DE YOUNG, ROBERT C		NAME	Anna Lampert Feith			
STREET ADDRESS	2416 SE 22ND PLACE		STREET ADDRESS	2415-15 N.E. 7 Street			
CITY-ST-ZIP	OCALA FL 34471		CITY-ST-ZIP	Ocala, FL 34470-6285			
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GALLENINE, ROBERT		NAME				
STREET ADDRESS	2437-08 NE 6TH STREET		STREET ADDRESS				
CITY-ST-ZIP	OCALA FL 34470		CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEPHENSON, WILLIAM		NAME	Suni V. Perez			
STREET ADDRESS	2415-05 NE 6TH STREET		STREET ADDRESS	2437-03 N.E. 6 Street			
CITY-ST-ZIP	OCALA FL 34470		CITY-ST-ZIP	Ocala, FL 34470			
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROBBINS, CONSTANCE V		NAME				
STREET ADDRESS	2437 NE 7TH STREET		STREET ADDRESS				
CITY-ST-ZIP	OCALA FL 34470		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: _____		4-27-5		352-402-0033			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			