

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

06-29-2005 90002 025 ***61.25
 760718

DOCUMENT # 760718
 1. Entity Name
BRETTON WOODS CONDOMINIUM ASSOCIATION, INC.



FILED

05 JUL -8 AM 8:32

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



1st MOORE CR2E037 (10/04)

Principal Place of Business Mailing Address
 2420 N.E. 7TH STREET 2420 N.E. 7TH STREET
 Ocala FL 34470 Ocala FL 34470
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **39-1417424** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
~~NOLAN, M. JANE GAN~~
~~4720 NE 12 STREET~~
~~OCALA FL 34470~~

7. Name and Address of New Registered Agent
 Name **PEREZ, SUNI V.**
 Street **2737-03 NE 6 STREET** (separable)
OCALA, FL 34470
 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 *Suni V. Perez* **SUNI V. PEREZ** **6/21/05**
Signature, typed or printed name of registered agent and title if applicable (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. **\$5.00 May Be Added to Fees**

Make Check Payable to:
 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	GALLOWAY, NOLAN C JR.	
STREET ADDRESS	P.O. BOX 113	
CITY- ST- ZIP	OCALA FL 34478	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	DE YOUNG, ROBERT C	
STREET ADDRESS	2416 SE 22ND PLACE	
CITY- ST- ZIP	OCALA FL 34471	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GALLETINE, ROBERT	
STREET ADDRESS	2437-08 NE 6TH STREET	
CITY- ST- ZIP	OCALA FL 34470	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	STEPHENSON, WILLIAM	
STREET ADDRESS	2415-05 NE 6TH STREET	
CITY- ST- ZIP	OCALA FL 34470	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBBINS, CONSTANCE V	
STREET ADDRESS	2437 NE 7TH STREET	
CITY- ST- ZIP	OCALA FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, SUNI V.	
STREET ADDRESS	2737-03 NE 6 STREET	
CITY- ST- ZIP	OCALA, FL 34470	
TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAKE DYKSTRA	
STREET ADDRESS	2965 S E 38 ST	
CITY- ST- ZIP	OCALA, FL 34480-8448	
TITLE	DS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT GALLETINE	
STREET ADDRESS	2437-08 NE 6 STREET	
CITY- ST- ZIP	OCALA, FL 34470	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON SIEBERT	
STREET ADDRESS	2433-03 NE 7 STREET	
CITY- ST- ZIP	OCALA, FL 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

2. 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 that I am an authorized representative of the corporation 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 attached empowerment.

SIGNATURE: *Suni V. Perez* **6/21/05** **352-402-0033**
SIGNING OFFICER OR DIRECTOR Date Daytime Phone #