

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90357 018 ****70.00

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

Zip

Country

Zip

Country

4. FEI Number **39-1417424**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HARLOW, ANN
2415-3 NE 7TH ST.
OCALA FL 34470**

7. Name and Address of New Registered Agent

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

Ann Harlow, Registered Agent

01/22/03

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** Delete
NAME **HARLOW, ANN**
STREET ADDRESS **2415-3 NE 7TH ST**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **DP** Change Addition
NAME **Auvil, Barbara**
STREET ADDRESS **1779 N.E. 17th St.**
CITY-ST-ZIP **OCALA, FL. 34470**

TITLE **DVT** Delete
NAME **TOTH, CHARLENE**
STREET ADDRESS **2415-16 N.E. 7TH ST.**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **DVT** Change Addition
NAME **Williams, Mary Lou**
STREET ADDRESS **2415-13 N.E. 7th St.**
CITY-ST-ZIP **OCALA, FL. 34470**

TITLE **DS** Delete
NAME **DICKARD, DEBBIE**
STREET ADDRESS **2417-10 NE 6TH ST**
CITY-ST-ZIP **OCALA FL 34470**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **HENNING, BARBARA**
STREET ADDRESS **2418-1 N.E. 7TH ST.**
CITY-ST-ZIP **OCALA FL 34470**

TITLE **D** Change Addition
NAME **Allen, Donald**
STREET ADDRESS **2447 N.E. 7th St.**
CITY-ST-ZIP **OCALA, FL. 34470**

TITLE **D** Delete
NAME **PELLERIN, LEONARD**
STREET ADDRESS **2442-1 N.E. 7TH ST.**
CITY-ST-ZIP **OCALA FL 34470**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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:

Barbara Auvil
Barbara Auvil

1/22/03

1-352-402-0033

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E037 (10/02)