

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90034 016 ****61.25

DOCUMENT # N06044

1. Entity Name
BRETTON WOODS ASSOCIATION, INC.



Principal Place of Business

4510 W. FIG ST.
TAMPA, FL 33609

Mailing Address

4510 W. FIG ST.
TAMPA, FL 33609

DO NOT WRITE IN THIS SPACE



01142006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2554719

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MUSLIN, ADRIENNE
4510 W FIG ST
#E
TAMPA, FL 33609

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HERNANDEZ, MARTIN
STREET ADDRESS 4510 W. FIG ST. #D
CITY-ST-ZIP TAMPA, FL 33609

TITLE VPD
NAME JONES, RON
STREET ADDRESS 4509-B WEST FIG ST
CITY-ST-ZIP TAMPA, FL 33609

TITLE SD
NAME DAVIS, JOAN
STREET ADDRESS 4509 E. W. FIG ST.
CITY-ST-ZIP TAMPA, FL 33609

TITLE TD
NAME MUSLIN, ADRIENNE
STREET ADDRESS 4510 E WEST FIG ST.
CITY-ST-ZIP TAMPA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/06

813-286-8126

Date

Daytime Phone #