

CORPORATION  
ANNUAL REPORT  
~~1994~~ 1995



FLORIDA DEPARTMENT OF STATE  
Jan 1995  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 PM 2:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-05/09/95--01113--009  
\*\*\*130.00 \*\*\*130.00  
DO NOT WRITE IN THIS SPACE

1. Corporation Name  
**M.W. HOMEOWNERS ASSOCIATION, INC.**

DOCUMENT #  
**N25819**

Mailing Address Principal Place of Business  
**ZESTHER L. MCCULLOUGH** **ZESTHER L. MCCULLOUGH**  
**12522 Indiana Woods Lane** **12522 Indiana Woods Lane**  
**Orlando, FL 32824-8657** **Orlando, FL 32824-8657**

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

3. Date Incorporated or Qualified 3a. Date of Last Report  
**4/8/88** **4/22/94**

4. FEI Number Applied For  
**59-2961712** Not Applicable

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. Nonprofit Exempt from \$138.75 Supplemental Fee

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**MCCULLOUGH, ESTHER L.**  
**12522 Indiana Woods Lane**  
**Orlando, FL 32824**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or 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 607.0505 or 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. NAME	P/D
1. STREET ADDRESS	RIZZUTO, ANTHONY
14. CITY, ST, ZIP	12017 Florida Woods Lane
	Orlando, FL 32824
2. NAME	T/D
2. STREET ADDRESS	MC CULLOUGH, ESTHER L.
24. CITY, ST, ZIP	12522 Indiana Woods Lane
	Orlando, FL 32824
3. NAME	VP/D
3. STREET ADDRESS	BLADEK, JOHN
34. CITY, ST, ZIP	12755 Illinois Woods Lane
	Orlando, FL 32824
4. NAME	S/D
4. STREET ADDRESS	VANDERBRINK, CAROLYN
44. CITY, ST, ZIP	344 Iowa Woods Circle West
	Orlando, FL 32824
5. NAME	
5. STREET ADDRESS	MERRITT, GEORGE (D)
54. CITY, ST, ZIP	221 Chicago Woods Circle
	Orlando, FL 32824
6. NAME	
6. STREET ADDRESS	CHAPMAN, CHARLES (D)
64. CITY, ST, ZIP	13416 Beloit Woods Lane
	Orlando, FL 32824

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	
1. STREET ADDRESS	
14. CITY, ST, ZIP	
2. NAME	
2. STREET ADDRESS	
24. CITY, ST, ZIP	
3. NAME	
3. STREET ADDRESS	
34. CITY, ST, ZIP	
4. NAME	
4. STREET ADDRESS	
44. CITY, ST, ZIP	
5. NAME	
5. STREET ADDRESS	
54. CITY, ST, ZIP	
6. NAME	
6. STREET ADDRESS	
64. CITY, ST, ZIP	

14. I declare under penalty that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Sections 119.07(2)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information included 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 have fulfilled all obligations concerning unperfected property imposed by Chapter 217, Florida Statutes, that I am an officer or director of the corporation or the receiver or trustee empowered to accept the report as required by Chapter 607 or Chapter 617, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Esther L. McCullough* 4/24/95 (407) 851-5470  
ESTHER L. MCCULLOUGH, TREASURER Date