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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N25819

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

Principal Place of Business
 % ESTHER L. MCCULLOUGH
 12522 INDIANA WOODS LANE
 ORLANDO FL 32824-8657

Mailing Address
 % ESTHER L. MCCULLOUGH
 12522 INDIANA WOODS LANE
 ORLANDO FL 32824-8657



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/08/1988	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	59-2961712	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MCCULLOUGH, ESTHER L 12522 INDIANA WOODS LANE ORLANDO FL 32824				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RIZZUTO, ANTHONY 12017 FLORIDA WOODS LANE ORLANDO FL 32824	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD MCCULLOUGH, ESTHER L. 12522 INDIANA WOODS LANE ORLANDO FL 32824	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VPD BLADEK, JOHN 12755 ILLINOIS WOODS LANE ORLANDO FL	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD VANDERBRINK, CAROLYN 344 IOWA WOODS CIRCLE WEST ORLANDO FL 32824	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MERRITT, GEORGE 221 CHICAGO WOODS CIR ORLANDO FL 32824	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D CHAPMAN, CHARLES 13416 BELOIT WOODS LANE ORLANDO FL 32824	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	VPD GERRY CHAMBLISS 12514 INDIANA WOODS LANE ORLANDO, FL 32824
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Esther L. McCullough* Date: *April 23, 1999*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ESTHER L. MCCULLOUGH, SECRETARY
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____

CR2E037 (11/98)

