

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90043 009 ****61.25

0068339

DOCUMENT # N25819

1. Entity Name

M.W. HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

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

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

59-2961712

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCULLOUGH, ESTHER L
 12522 INIDANA WOODS LANE
 ORLANDO FL 32824**

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.

SIGNATURE

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	RIZZUTO, ANTHONY	
STREET ADDRESS	12017 FLORIDA WOODS LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MC CULLOUGH, ESTHER L.	
STREET ADDRESS	12522 INDIANA WOODS LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CHAMBLISS, GERRY	
STREET ADDRESS	12514 INDIANA WOODS LANE	
CITY-ST-ZIP	ORLANDO FL 32821	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VANDERBRINK, CAROLYN	
STREET ADDRESS	344 IOWA WOODS CIRCLE WEST	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MERRITT, GEORGE	
STREET ADDRESS	221 CHICAGO WOODS CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, CHARLES	
STREET ADDRESS	13416 BELOIT WOODS LANE	
CITY-ST-ZIP	ORLANDO FL 32824	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Esther L. McCullough*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02
 Date Daytime Phone #

CR2E037 (9/01)