

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 11 1996 8:00 am
Secretary of State

DOCUMENT # 752673
1. Corporation Name

THE GREATER WASHINGTON SHORES HOMEOWNERS ASSOCIATION OF ORLANDO, INC.

Principal Place of Business Mailing Address
1018 Goldwyn Ave. 1018 Goldwyn Ave.
Orlando, Fl. 32805 Orlando, Fl. 32805
US US

3. Date Incorporated or Qualified 05/29/1980 3a. Date of Last Report 04/10/1995

2. Principal Place of Business 2a. Mailing Address
21 1018 W. Goldwyn Ave. 26 1018 W. Goldwyn Ave.
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 P.O. Box 555392 27 P. O. Box 555392
City & State City & State
23 Orlando, Fl. 28 Orlando, Fl.
Zip Country Zip Country
24 32805 25 US 29 32805 30 US

4. FEI Number 59-2539086 Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
HOOD, ULYSSES G.
1018 GOLDWYN AVENUE
ORLANDO, FL. 32805

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 VP NAME 1018 GOLDWYN AVE. STREET ADDRESS ORLANDO, FL. 32805 CITY-ST-ZIP HOOD, ULYSSES G.	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME 1018 GOLDWYN, AVE. 1.3 STREET ADDRESS ORLANDO, FL. 1.4 CITY-ST-ZIP HOOD, ULYSSES G.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME MONTGOMERY, RICHARD STREET ADDRESS 912 GOLDWYN AVE CITY-ST-ZIP ORLANDO, FL.	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP/D 2.2 NAME MONTGOMERY, RICHARD 2.3 STREET ADDRESS 912 GOLDWYN AVE. 2.4 CITY-ST-ZIP ORLANDO, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE RS NAME SMITH, BETTY STREET ADDRESS 151 LAKE PARK CT. CITY-ST-ZIP ORLANDO, FL.	<input checked="" type="checkbox"/> DELETE	3.1 TITLE RS 3.2 NAME SMITH, BETTY 3.3 STREET ADDRESS 151 LAKE PARK CT. 3.4 CITY-ST-ZIP ORLANDO, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME LEWIS, STELLA M. STREET ADDRESS 1018 GOLDWYN AVE. CITY-ST-ZIP ORLANDO, FL.	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 800001778088 4.2 NAME -04/12/96--01021--002 4.3 STREET ADDRESS ***70.00 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME SALTER, CHARLIE JEAN STREET ADDRESS 3464 DIMI-FITZ CT. CITY-ST-ZIP ORLANDO, FL.	<input checked="" type="checkbox"/> DELETE	5.1 TITLE TD 5.2 NAME DEXTER, BERNICE 5.3 STREET ADDRESS 3417 LEWIS CT. 5.4 CITY-ST-ZIP ORLANDO, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ARS NAME MILLER, DORIS STREET ADDRESS 3442 ROGERS DR. CITY-ST-ZIP ORLANDO, FL.	<input checked="" type="checkbox"/> DELETE	6.1 TITLE ARS 6.2 NAME MILLER, DORIS A. 6.3 STREET ADDRESS 3442 ROGERS DR. 6.4 CITY-ST-ZIP ORLANDO, FL.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Ulysses G. Hood DATE: _____ DAYTIME PHONE # _____
ULYSSES G. HOOD REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)

4/11/96