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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 752673 (4)
1. Corporation Name
THE GREATER WASHINGTON SHORES HOMEOWNERS ASSOCIATION OF ORLANDO, INC.



Principal Place of Business Mailing Address
1018 GOLDWYN AVE PO BOX 555392 ORLANDO FL 32805 US
1018 GOLDWYN AVE PO BOX 555392 ORLANDO FL 32805-4306 US

3. Date Incorporated or Qualified 05/29/1980
3a. Date of Last Report 04/11/1996

2. Principal Place of Business 2a. Mailing Address
21 912 S. Goldwyn Ave. 26 912 S. Goldwyn Ave.
22 P. O. Box 555392 27 P. O. Box 555392
23 Orlando, Fl. 32855 28 Orlando, Fl. 32855
24 Zip 32855 Country US 29 Zip 32855 Country US

4. FEI Number 59-2539086 Applied For Not Applicable
5. Certificate of Status Desired [X] \$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 Montgomery, Richard
82 Street Address (P.O. Box Number is Not Acceptable) 912 S. Goldwyn Ave.
83 Orlando, Fl. 32805
84 City Orlando FL 85 Zip Code 32805

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 617.0508, Florida Statutes.
SIGNATURE Richard A. Montgomery Richard A. Montgomery DATE 5-6-97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOOD, ULYSSES G	
STREET ADDRESS	1018 GOLDWYN AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MONTGOMERY, RICHARD	
STREET ADDRESS	912 GOLDWYN AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	HS	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, BETTY	
STREET ADDRESS	151 LAKE PARK CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DEXTER, BERNICE	
STREET ADDRESS	3417 LEWIS CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ARS	<input type="checkbox"/> DELETE
NAME	MILLER, DORIS A	
STREET ADDRESS	3442 ROGERS DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MONTGOMERY, RICHARD	
1.3 STREET ADDRESS	912 S. Goldwyn Ave.	
1.4 CITY-ST-ZIP	ORLANDO, FL. 32805	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HAWKINS, RUFUS	
2.3 STREET ADDRESS	4088 Booker St.	
2.4 CITY-ST-ZIP	ORLANDO, FL. 32805	
3.1 TITLE	RS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MONTGOMERY, THELMA	
3.3 STREET ADDRESS	912 Goldwyn Ave.	
3.4 CITY-ST-ZIP	ORLANDO, FL. 32805	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DEXTER, BERNICE	
4.3 STREET ADDRESS	3417 Lewis Ct.	
4.4 CITY-ST-ZIP	ORLANDO, FL. 32805	
5.1 TITLE	ARS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MILLER, DORIS A	
5.3 STREET ADDRESS	3442 Rogers DR.	
5.4 CITY-ST-ZIP	ORLANDO, FL. 32805	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 of this report with an address.

SIGNATURE: Richard A. Montgomery
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-12-97
Daytime Phone # 0018649

CR2E037 (9/96)