## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🚡

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

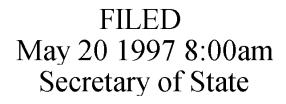
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(4)

THE GREATER WASHINGTON SHORES HOMEOWNERS ASSOCIA TION OF ORLANDO, INC.

Principal Place of Business

Mailing Address





1018 GOLDWYN PO BOX 555393 ORLANDO FL 3 US	2	1018 GOLDWYN AVE PO BOX 555392 ORLANDO FL 32905-4306 US		3. Date Incorporated or Qualified 05/29/1980	3a. Date of Last Report 04/11/1996
<u> </u>		2a. Mailing Address		4. FEI Number	Applied For
21 912 S. Goldwyn Ave.		26 912 S. Goldwyn Ave.		59-2539086	Not Applicable
22 P. O. Box 555392		Suite Apt. #, etc. 27 P. O. Box 555392		- 6. Certificate of Status Desired	\$8.75 Additional Fee Required
<u></u>		City & State 28 Orlando, Fl. 32855		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip. 32	2855 Country US	32855	So US	This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Ri	egistered Agent
1018 GO ORLAND	ULYSSES G OLDWYN AVENUE DO FL 32805		62 Street 912 S 63 84 Char	Addrass P.O. Box Number is Not Accepta G. Goldwyn Ave.	805 85 Zip Code
11. Pursuant to office or wagent. Las SIGNATURE	Signature typed or printed name of higistered elem	I and fit's if a phicable (NO)	es, the above-named authorized by the cor orida Statutes. E. Registered Agent Signal In-	i corporation submits this statement for the poration's board of directors. I hereby acce	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI	
TITLE	PD NI VOCEO	DELETE	1.1 TITLE	PD	Change Addition
NAME Otoss Lassoburn	HOOD, ULYSSES &		1.2 NAME	MONIGOMERY, RICHARD	
STREET ADDRESS  GHY-ST-ZIP	ORLANDO FL		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	912 S. Goldwyn Ave.	
TITLE	VPD \	DELETE	21 TITLE	ORIANDO, FL. 32805	Change Addition
NAME	MONTGOMEBY, RICHARD	-	2.2 NAME		
STREET ADDRESS	912 GOLDWYN AVE		2.3 STREET ADDRESS	HAWKINS, RUFUS 4088 Booker St.	
CITY-ST-ZIP	ORLANDÓ FL		2. 4 CITY-ST-ZIP	ORLANDO, FL. 32805	
TITLE	HS C	DELETE	31 TITLE	RS	Change Addition
NAME	SMITH, BETTY		3.2 NAME	MONTGOMERY, THELMA	
STREFT ADDRESS	151 LAKE PARK CT		3.3 STREET ADDRESS	912 Goldwyn Ave.	
CITY-ST-ZIP	ORLANDO FL TD	DELETE	3.4. CITY-ST-ZIP	ORLANDO, FL. 32805	Channe Ladistan
TILE	DEXTER, BERNICE	בין טננגונ	4.1 T(TLE	ID	Change Addition
NAME STREET ADDRESS	3417 LEWIS CT.		4. 2 NAME 4.3 STREET ADDRESS	DEXTER, BERNICE	
- · · · · · · )	ORLANDO FE		4.3 STREET ADDRESS	B417 Lewis Ct.	
CITY-ST-7iP TITLE	ARS	DELETE	5.1 TITLE	ORLANDO, FL. 32805	Change Addition
NAME	MILLER, DORIS A	#	5.2 NAME	ARS	
STREET ADDRESS	3442 ROGERS DR			MILLER, DOUS A	
CITY-SI-ZIP	ORLANDO FL			B442 Rogers DR.	
TITLE		☐ DELETE	6.1 TITLE	ORLANDO, FL. 32805	Change Addition
NAME			6.2 NAME	i constant	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY-ST-ZIP		
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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 the Chapter 617, Florida Statutes; and that my name