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**May 05, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 752673

1. Corporation Name

THE GREATER WASHINGTON SHORES HOMEOWNERS ASSOCIATION OF ORLANDO, INC.

Principal Place of Business

912 S GOLDWYN AVE  
 P.O BOX 555392  
 ORLANDO FL 32855  
 US

Mailing Address

912 S GOLDWYN AVE  
 PO BOX 555392  
 ORLANDO FL 32855  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

05/29/1980

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

9. Name and Address of Current Registered Agent

MONTGOMERY, RICHARD  
 912 S GOLDWYN AVE  
 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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACKSON, DAVID	
STREET ADDRESS	3405 ROGERS DRIVE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, RICHARD	
STREET ADDRESS	912 S GOLDWIN AVENUE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	RS	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, THELMA	
STREET ADDRESS	912 GOLDWYN AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DEXTER, BERNICE	
STREET ADDRESS	3417 LEWIS CT.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ARS	<input checked="" 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	1st VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mary Maxwell	
1.3 STREET ADDRESS	1425 Bruton Blvd.	
1.4 CITY-ST-ZIP	Orlando, FL. 32805	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Loretta A. Jones	
2.3 STREET ADDRESS	3454 Rogers Dr.	
2.4 CITY-ST-ZIP	Orlando, FL. 32805	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rufus Brooks	
3.3 STREET ADDRESS	519 Eartha Lane	
3.4 CITY-ST-ZIP	Orlando, FL	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Wardell Sims	
4.3 STREET ADDRESS	4233 W. Jackson St	
4.4 CITY-ST-ZIP	Orlando, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	James Wilson	
5.3 STREET ADDRESS	809 Wooden Blvd	
5.4 CITY-ST-ZIP	Orlando, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ezzie Thomas	
6.3 STREET ADDRESS	929 Wooden Blvd Orlando, FL	
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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 26, 1999

Daytime Phone #

CR2E037 (11/98)