

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

05-05-1999 90060 014 \*\*\*\*70.00

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1. Corporation Name

THE GREATER WASHINGTON SHORES HOMEOWNERS ASSOCIA  
TION 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  
NAME JACKSON, DAVID  
STREET ADDRESS 3405 ROGERS DRIVE  
CITY-ST-ZIP ORLANDO FL 32805

TITLE VPD  
NAME MONTGOMERY, RICHARD  
STREET ADDRESS 912 S GOLDWIN AVENUE  
CITY-ST-ZIP ORLANDO FL 32805

TITLE RS  
NAME MONTGOMERY, THELMA  
STREET ADDRESS 912 GOLDWYN AVE  
CITY-ST-ZIP ORLANDO FL

TITLE D  
NAME DEXTER, BERNICE  
STREET ADDRESS 3417 LEWIS CT.  
CITY-ST-ZIP ORLANDO FL

TITLE ARS  
NAME MILLER, DORIS A  
STREET ADDRESS 3442 ROGERS DR  
CITY-ST-ZIP ORLANDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1st VP  
1.2 NAME Mary Maxwell  
1.3 STREET ADDRESS 1425 Bruton Blvd.  
1.4 CITY-ST-ZIP Orlando, FL. 32805

2.1 TITLE S  
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  
3.2 NAME Rufus Brooks  
3.3 STREET ADDRESS 519 Eartha Lane  
3.4 CITY-ST-ZIP Orlando, FL

4.1 TITLE D  
4.2 NAME Wardell Sims  
4.3 STREET ADDRESS 4233 W. Jackson St  
4.4 CITY-ST-ZIP Orlando, FL

5.1 TITLE D  
5.2 NAME James Wilson  
5.3 STREET ADDRESS 809 Wooden Blvd  
5.4 CITY-ST-ZIP Orlando, FL

6.1 TITLE D  
6.2 NAME Ezzie Thomas  
6.3 STREET ADDRESS 929 Wooden Blvd  
6.4 CITY-ST-ZIP Orlando, FL

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1999

Date

Daytime Phone #

CR2E037 (11/98)