

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752673

1. Entity Name

**THE GREATER WASHINGTON SHORES HOMEOWNERS ASSOCIA
THE GREATER WASHINGTON SHORES AREA ASSOCIATION**

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90059 025 ****70.00

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 32855-5392 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3811 Columbia Street	3. Mailing Address 3811 Columbia Street
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Orlando, Florida	City & State Orlando, Florida
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4. FEI Number 59-2539086	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

Zip 32805	Country Orange	Zip 32805	Country Orange
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MONTGOMERY, RICHARD
912 S GOLDWYN AVE
ORLANDO FL 32805

Name **Arthur J. Carter**
Street Address (P.O. Box Number is Not Acceptable)
3811 Columbia Street
City **Orlando** FL Zip Code **32805**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Arthur J. Carter* **3-27-2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, DAVID 3405 ROGERS DRIVE ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MONTGOMERY, RICHARD 912 S GOLDWYN AVENUE ORLANDO FL 32805	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RS MONTGOMERY, THELMA 912 GOLDWYN AVE ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEXTER, BERNICE 3417 LEWIS CT. ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MAXWELL, MARY 1425 BRUTON BLVD ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JONES, LORETTA A 3454 ROGERS DR ORLANDO FL 32805	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Thomas, Ezzie 929 Wooden Blvd. Orlando, Florida 32805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Carter J. Arthur 3811 Columbia Street Orlando, Florida 32805	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David D. Jackson* **DAVID D. JACKSON** **3-27-2000** **(407) 422-4957**
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)