

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752673

1. Entity Name

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

Principal Place of Business

Mailing Address

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

912 S GOLDWYN AVE
PO BOX 555392
ORLANDO FL 32855-5392
US

2. Principal Place of Business

3. Mailing Address

3811 Columbia Street

3811 Columbia Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32805

Country

Orange

Zip

32805

Country

Orange

4. FEI Number

59-2539086

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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 **PD** ☐ Delete
NAME **JACKSON, DAVID**
STREET ADDRESS **3405 ROGERS DRIVE**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Delete
NAME **MONTGOMERY, RICHARD**
STREET ADDRESS **912 S GOLDWYN AVENUE**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Thomas, Ezzie**
STREET ADDRESS **929 Wooden Blvd.**
CITY-ST-ZIP **Orlando, Florida 32805**

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

TITLE **TD** ☐ Change ☒ Addition
NAME **Carter J. Arthur**
STREET ADDRESS **3811 Columbia Street**
CITY-ST-ZIP **Orlando, Florida 32805**

TITLE **TD** ☒ Delete
NAME **DEXTER, BERNICE**
STREET ADDRESS **3417 LEWIS CT.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **MAXWELL, MARY**
STREET ADDRESS **1425 BRUTON BLVD**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **JONES, LORETTA A**
STREET ADDRESS **3454 ROGERS DR**
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 JACKSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-27-2000 (407) 422-4957

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE