

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 91104 003 ****70.00

DOCUMENT # 752673

1. Entity Name

THE GREATER WASHINGTON SHORES AREA ASSOCIATION O

Principal Place of Business

Mailing Address

3811 COLUMBIA STREET
 ORLANDO FL 32805
 US

3811 COLUMBIA STREET
 ORLANDO FL 32805
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2539086

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

CARTER, AUTHUR J
3811 COLUMBIA STREET
ORLANDO FL 32805

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

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

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VPD
THOMAS, EZZIE
929 WOODEN BLVD.
ORLANDO FL 32805

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TD
ARTHUR, CARTER J
3811 COLUMBIA STREET
ORLANDO FL 32805

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TD
DEXTER, BERNICE
3417 LEWIS CT.
ORLANDO FL

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

VPD
MAXWELL, MARY
1425 BRUTON BLVD
ORLANDO FL 32805

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

S
JONES, LORETTA A
3454 ROGERS DR
ORLANDO FL 32805

Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

TITLE
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Change Addition

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Change Addition

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 CITY-ST-ZIP

Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change 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 empowers.

SIGNATURE: *D.D. Jackson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 25, 2001
 Date

407 422-4957
 Daytime Phone #

CR2E037 (10/00)