FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 18 AM 10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 769825 (1)

1. Corporation Name

KEEWIN WINTER PARK CENTER OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1069 W MORSE BLVD WINTER PARK FL 32789 US	1069 W MORSE BLVD WINTER PARK FL 32789 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/15/1983
3a. Date of Last Report: 02/11/1994
4. FEI Number: 59-2358792 — Applied For / Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PYLE, B. C.
1069 W MORSE BLVD
WINTER PARK FL 32789

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1 TITLE	PD	[X] Change [ ] Addition
NAME	PYLE, B.C.	1 NAME	Neill O'Brien, III	
STREET ADDRESS	1069 W MORSE BLVD.	1 STREET ADDRESS	140 N Orlando Av Suite 270	
CITY-ST-ZIP	WINTER PARK FL	1 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	VD	2 TITLE	VD	[X] Change [ ] Addition
NAME	O'BRIEN, NEILL I	2 NAME	Paul J. Morgan	
STREET ADDRESS	140 N ORLANDO AVE., SUITE 270	2 STREET ADDRESS	1099 W Morse Blvd Suite 2000	
CITY-ST-ZIP	WINTER PARK FL	2 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	D	3 TITLE	D	[ ] Change [X] Addition
NAME	MORGAN, PAUL J.	3 NAME	Terry W. Bangs	
STREET ADDRESS	1099 W MORSE BLVD., SUITE 2000	3 STREET ADDRESS	1095 W Morse Blvd	
CITY-ST-ZIP	WINTER PARK FL	3 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	ST	4 TITLE		[ ] Change [ ] Addition
NAME	GIES, LARRY R.	4 NAME		
STREET ADDRESS	1071 W MORSE BLVD., SUITE 201	4 STREET ADDRESS		
CITY-ST-ZIP	WINTER PART FL	4 CITY-ST-ZIP		
TITLE		5 TITLE		[ ] Change [ ] Addition
NAME		5 NAME		
STREET ADDRESS		5 STREET ADDRESS		
CITY-ST-ZIP		5 CITY-ST-ZIP		
TITLE		6 TITLE		[ ] Change [ ] Addition
NAME		6 NAME		
STREET ADDRESS		6 STREET ADDRESS		
CITY-ST-ZIP		6 CITY-ST-ZIP		

14. I the undersigned certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Larry R. Gies — 05/15/95 — (407) 628-4830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003843