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PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Mar 18 1996 8:00 am
Secretary of State

DOCUMENT # 769825 (1)

1. Corporation Name
KEEWIN WINTER PARK CENTER OWNERS ASSOCIATION, INC.

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

Mailing Address
1069 W MORSE BLVD
WINTER PARK FL 32789
US

3. Date Incorporated or Qualified: 08/15/1983
3a. Date of Last Report: 05/18/1995

2. Principal Place of Business
21 1071 W MORSE BLVD
Suite, Apt. #, etc.
22 SUITE 200
City & State
23 WINTER PARK FL
Zip 24 32789 Country 25 USA

2a. Mailing Address
26 1071 W MORSE BLVD
Suite, Apt. #, etc.
27 SUITE 200
City & State
28 WINTER PARK FL
Zip 29 32789 Country 30 USA

4. FEI Number: 59-2358792
☐ 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

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 _____
(If changing registered agent, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD O'BRIEN, NEILL III 140 N ORLANDO AVE, SUITE 270 WINTER PARK FL 32789	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD BANGS, TERRY W. 1095 W MORSE BLVD WINTER PARK FL 32789	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MORGAN, PAUL J. 1099 W MORSE BLVD, SUITE 2000 WINTER PARK FL 32789	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD O'BRIEN III, NEILL 140 N ORLANDO AVE, SUITE 270 WINTER PARK FL 32789	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BANGS, TERRY W. 1095 W MORSE BLVD WINTER PARK FL 32789	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D MORGAN, PAUL J. 1099 W MORSE BLVD, SUITE 2000 WINTER PARK FL 32789	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GIES, LARRY R. 1071 W MORSE BLVD, SUITE 201 WINTER PARK FL 32789	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	500001747145 -03/18/96--01070--001 ***200.00	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ LARRY R. GIES 02/14/96 (407) 628-4830
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PS 3/18/96