

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 769825**

1. Entity Name

KEEWIN WINTER PARK CENTER OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1095 WEST MORSE BLVD.
WINTER PARK FL 32789
US****1095 WEST MORSE BLVD.
WINTER PARK FL 32789
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2358792

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

**SCHULTZ, KENNETH H
1095 WEST MORSE BLVD.
WINTER PARK FL 32789**

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 \$61.259. 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 **BANGS, TERRY W**
STREET ADDRESS **1095 W. MORSE BLVD**
CITY-ST-ZIP **WINTER PARK FL 32789**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **O'BRIEN, NEILL III**
STREET ADDRESS **140 N. ORLANDO AVENUE, SUITE 270**
CITY-ST-ZIP **WINTER PARK FL 32789**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MORGAN, PAUL J**
STREET ADDRESS **1099 W. MORSE BLVD, SUITE 2000**
CITY-ST-ZIP **WINTER PARK FL 32789**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **ST** ☐ Delete
NAME **SCHULTZ, KENNETH H**
STREET ADDRESS **1095 W. MORSE BLVD.**
CITY-ST-ZIP **WINTER PARK FL 32789**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 or without other like empowered.

Kenneth Schultz**SIGNATURE:****SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary/Treasurer

01/09/02

407-645-3211

Date

Daytime Phone #

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90010 002 ****61.25

80028149

DO NOT WRITE IN THIS SPACE

0011424

CFR2E037 (9/01)