


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 769825</b> 1. Entity Name KEEWIN WINTER PARK CENTER OWNERS ASSOCIATION, INC.	
---	---

Principal Place of Business 1095 WEST MORSE BLVD. WINTER PARK, FL 32789 US	Mailing Address 1095 WEST MORSE BLVD. WINTER PARK, FL 32789 US
--	--

**DO NOT WRITE IN THIS SPACE**



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2358792	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BANGS, TERRY W 1095 W. MORSE BLVD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD O'BRIEN, NEILL III 140 N. ORLANDO AVENUE, SUITE 270 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, PAUL J 1099 W. MORSE BLVD, SUTIE 2000 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHULTZ, KENNETH H 1095 W. MORSE BLVD. WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000218970  
02/08/05-80009-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  Kenneth Schultz, Sec/Treas.

01/18/05 407-645-3211 x135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #