
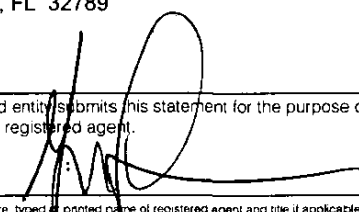
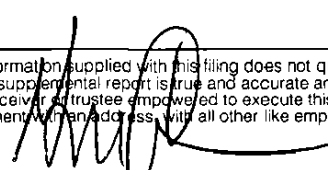


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 06, 2007 8:00 am**  
**Secretary of State**

06-06-2007 90002 043 \*\*\*\*61.25

<b>DOCUMENT # 769825</b> 1. Entity Name <b>KEEWIN WINTER PARK CENTER OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1095 WEST MORSE BLVD. WINTER PARK, FL 32789 US</b>			Mailing Address <b>1095 WEST MORSE BLVD. WINTER PARK, FL 32789 US</b>		
2. Principal Place of Business - No P.O. Box # <b>1085 W. Morse Blvd.</b>		3. Mailing Address <b>1085 W. Morse Blvd.</b>			
Suite, Apt. #, etc. <b>Suite C</b>		Suite, Apt. #, etc. <b>Suite C</b>			
City & State <b>Winter Park, FL</b>		City & State <b>Winter Park, FL</b>			
Zip <b>32789</b>		Country <b>U.S.A.</b>		4. FEI Number <b>59-2358792</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>SCHULTZ, KENNETH H 1095 WEST MORSE BLVD. WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name <b>Lee, Gregory D.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1085 W. Morse Blvd., Suite C</b> City <b>Winter Park</b> FL Zip Code <b>32789</b>		
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  DATE <b>06/01/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BANGS, TERRY W 1095 W. MORSE BLVD WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Lee, Gregory D. 1085 W. Morse Blvd., Suite C Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>  DATE <b>06/01/07</b> DAYTIME PHONE # <b>407-699-1118</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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01122007 Chg-NP CR2E037 (12/06)