2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 06, 2007 8:00 am Secretary of State 06-06-2007 90002 043 ****61.25

DOCUMENT # 769825 1. Entity Name KEEWIN WINTER PARK CENTER OWNERS ASSOCIATION, INC.						0002 043 ****6	1.25	
Principal Place of Business 1095 WEST MORSE BLVD. WINTER PARK, FL 32789 US Mailing Address 1095 WEST MORSE BLVD. WINTER PARK, FL 32789			US	4017	[94 n2			
	lace of Business - No P.O. Box # W. Morse Blvd. #, etc.	Blvd.	0440007		an olan olan olan alah etgi			
Suite, Apt. #, etc. Suite C City & State City & State					Chg-NP	CR2E037 (12/06)	nlind For	
Winte		Winter Park	FL	4. FEI Number 59-23587	92	No	oplied For ot Applicable	
3278°		32789 L	J.S.A.	5. Certificate of S		\$8.75 Add		
6. Name and Address of Current Registered Agent Name					7. Name and Address of New Registered Agent			
1095 WEST MORSE BLVD. Street Address				ress (P.O. Box Number is	e, Gregory D. (F.O. Box Number is Not Acceptable) W. Morse Blvd., Suite C			
WINTER PARK, FL 32789								
			City	nter Park		FL Zip Cod	89	
8. The above named entity submits his 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 06/01/07								
Signature, typed printed native of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE								
	Signature, typed of printed name of registered agent and til	e it applicable (NOTE Regist	tered Agent signature re	required when reinstating)	<u></u>	DATE -		
	Filling Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Trust Fund Contrib	n Financing	\$5.00 May Be	Mai	te check payable to a Department of St		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRECT	9. Election Campaign Trust Fund Contrib TORS 1	n Financing bution.	\$5.00 May Be Added to Fees	Mai Florid	ke check payable to a Department of SI S AND DIRECTORS IN	10	
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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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/01/07 407-699-1118