

**2008-NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # 769825

1. Entity Name
**KEEWIN WINTER PARK CENTER OWNERS
ASSOCIATION, INC.**



Principal Place of Business

**1085 W MORSE BLVD
STE C
WINTER PARK, FL 32789 US**

Mailing Address

**1085 W MORSE BLVD
STE C
WINTER PARK, FL 32789 US**



04282008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**LEE, GREGORY D
1085 W MORSE BLVD STE C
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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LEE, GREGORY D
STREET ADDRESS 1085 W MORSE BLVD STE C
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE D
NAME MORGAN, PAUL J
STREET ADDRESS 1099 W. MORSE BLVD, SUTIE 2000
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE ST
NAME SCHULTZ, KENNETH H
STREET ADDRESS 1095 W. MORSE BLVD.
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

0600000931930
05/22/08-80035-001 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gregory D Lee President

4/28/08 407-699-1118