

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769825

FILED  
Apr 12, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1089 W MORSE BLVD  
STE D  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

1089 W MORSE BLVD  
STE D  
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number:** 59-2358792      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KEEWIN WINTER PARK CENTER ASSOCIATION INC.  
1089 W MORSE BLVD STE D  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DIXON, THOMAS A  
Address: 1089 W MORSE BLVD STE D  
City-St-Zip: WINTER PARK, FL 32789

Title: S  
Name: MARION, ANN M  
Address: 1079 W. MORSE BLVD, SUITE A  
City-St-Zip: WINTER PARK, FL 32789

Title: T  
Name: WEISS, JUDITH L  
Address: 1099 W MORSE BLVD  
City-St-Zip: WINTER PARK, FL 32789

Title: D  
Name: PAWLICKI, LINDA  
Address: 1085 WEST MORSE BLVD #200  
City-St-Zip: WINTER PARK, FL 32789

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS A DIXON

P

04/12/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date