

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N27577 (8)**  
1. Corporation Name  
**KEEWIN-LEXINGTON PARK OWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**230 LOOKOUT PLACE  
MAITLAND FL 32751  
US**

Mailing Address  
**C/O JANET R. DITTMER  
230 LOOKOUT PLACE  
MAITLAND FL 32751  
US**

3. Date Incorporated or Qualified  
**07/19/1988**

3a. Date of Last Report  
**03/13/1995**

4. FEI Number  
**59-2906850**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
**21**

2a. Mailing Address  
**26**

Suite, Apt. #, etc.  
**22**

Suite, Apt. #, etc.  
**27**

City & State  
**23**

City & State  
**28**

Zip  
**24**

Country  
**25**

Zip  
**29**

Country  
**30**

## 9. Name and Address of Current Registered Agent

**DITTMER, TERRANCE H  
210 LOOKOUT PLACE  
C/O DRI HERZOG  
MAITLAND FL 32751**

## 10. Name and Address of New Registered Agent

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE ☐ DELETE

NAME **D GANSELLE, LYNN DIPASQUA**

STREET ADDRESS **167 LOOKOUT PLACE**

CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ DELETE

NAME **D MENDEZ, CELIA**

STREET ADDRESS **202 LOOKOUT PLACE**

CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ DELETE

NAME **D HERZOG, THOMAS**

STREET ADDRESS **210 LOOKOUT PLACE**

CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ DELETE

NAME **D DITTMER, TERRANCE H**

STREET ADDRESS **230 LOOKOUT PLACE**

CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ DELETE

NAME **D BERGERON, PHILLIP**

STREET ADDRESS **159 LOOKOUT PLACE, SUITE 101**

CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Thomas Herzog*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/12/96* *407-628-1102*  
Date Daytime Phone #

CR2E037 (12/95)