


FILE NOW: FILING FEE IS \$61.25

FILED
May 20 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 32751-8426 US | |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | |
| 3. Date Incorporated or Qualified 07/10/1988 | | 3a. Date of Last Report 02/16/1996 | |
| 4. FEI Number 59-2906850 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GANSSELLE, LYNN DIPASQUA | 1.2 NAME | |
| STREET ADDRESS | 167 LOOKOUT PLACE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | MAITLAND FL | 1.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MENDEZ, CELIA | 2.2 NAME | |
| STREET ADDRESS | 202 LOOKOUT PLACE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | MAITLAND FL | 2.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HERZOG, THOMAS | 3.2 NAME | |
| STREET ADDRESS | 210 LOOKOUT PLACE | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | MAITLAND FL | 3.4 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DITTMER, TERRANCE H | 4.2 NAME | |
| STREET ADDRESS | 230 LOOKOUT PLACE | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | MAITLAND FL | 4.4 CITY - ST - ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BERGERON, PHILLIP | 5.2 NAME | |
| STREET ADDRESS | 159 LOOKOUT PLACE, SUITE 101 | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | MAITLAND FL | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Terrance H. Dittmer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | 5-13-97 Date Daytime Phone # 0014140 | |

CR2E037 (9/96)