

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27577

1. Entity Name

KEEWIN LEXINGTON PARK OWNERS' ASSOCIATION, INC.

FILED

Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90811 034 ****61.25

B0126666



DO NOT WRITE IN THIS SPACE

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2906850	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DITTMER, TERRANCE H 230 LOOKOUT PLACE C/O DRI HERZOG MAITLAND FL 32751		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

SIGNATURE

Signature, typed or printed name of registered agent and (ide if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GANSELLE, LYNN DIPASQUA 167 LOOKOUT PLACE MAITLAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDEZ, CELIA 202 LOOKOUT PLACE MAITLAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERZOG, THOMAS 210 LOOKOUT PLACE MAITLAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DITTMER, TERRANCE H 230 LOOKOUT PLACE MAITLAND FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I 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 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:

Terrance H. Dittmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-24-02
Date

(407) 539-0009
Daytime Phone #

CR2E037 (9/01)

SILVER LAKE PEDIATRICS, PA



33017 PROFESSIONAL DRIVE 1 LEESBURG, FL. 34788
Phone 352-314-2275 1 Fax 352-314-2279

*Attachment
R# N9757*

June 26, 2002

Florida Department of State
P.O. Box 1500
Tallahassee, FL 32305-1500

To Whom it May Concern,

Upon terminating our accountant, and receiving our files from him, it was discovered that the UBR report for the year of 2002 was never filed. Please find enclosed the application and a check for \$150.00. We do relize that the application was due by May 1, 2002, but due to the circumstances we hope that the fine will be waived.

Sincerely,

Rafael A. Cheas, M.D.
Rafael A. Cheas, M.D.

Enc: 3