


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90072 020 ****61.25

DOCUMENT # N27577	
1. Entity 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
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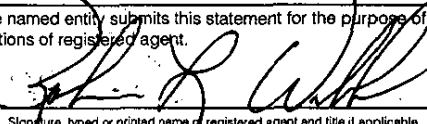
34060001



2. Principal Place of Business 901 N. Lake Destiny Dr.	3. Mailing Address 901 N. Lake Destiny Dr.
Suite, Apt. #, etc. Suite 110	Suite, Apt. #, etc. Suite 110
City & State Maitland, FL	City & State Maitland, FL
Zip 32751	Country USA

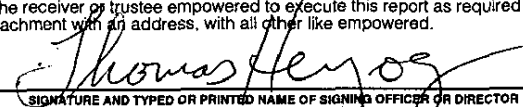
04212004 Chg-NP CR2E037 (10/03)

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 Webb, Robin L. Street Address (P.O. Box Number is Not Acceptable) 901 N. Lake Destiny Drive Suite 110 City Maitland FL Zip Code 32751	

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 	DATE 4/22/2004

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wise, Daniel S 1220 Druid Road Maitland, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDEZ, CELIA 202 LOOKOUT PLACE MAITLAND, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AKins, Kent D 159 LookOut Place #100 Maitland, FL 32751 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERZOG, THOMAS 210 LOOKOUT PLACE MAITLAND, FL 32751 <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 checked="" 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	ROUSE, MIKE VP 240 Lookout Place Maitland, FL 32751 <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	Leffler, Glen T 815 Oriente Ave. #1040 Altamonte Springs, FL 32701 <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: 	Date 4/21/04