

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006934

1. Entity Name

WINDSONG COMMUNITY ASSOCIATION, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90298 044 ****61.25

Principal Place of Business

C/O KEEWIN REAL PROPERTY COMPANY
1031 W. MORSE BLVD., STE. 325
WINTER PARK FL 32789

Mailing Address

C/O KEEWIN REAL PROPERTY COMPANY
1031 W. MORSE BLVD., STE. 325
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

1633 E. Vine St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#110

City & State

City & State

Kissimmee

Zip

Country

Zip

34744

Country

USA

4. FEI Number

59-3624043

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

KEEN, ALLAN E
C/O KEEWIN REAL PROPERTY COMPANY
1031 W. MORSE BLVD., STE. 325
WINTER PARK FL 32789

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 title 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
PD
KEEN, ALLAN E
1031 W. MORSE BLVD., STE. 325
WINTER PARK FL 32789

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSTD
ARROWSMITH, ROGER S
1880 EAGLE HARBOR PKWY
ORANGE PARK FL 32073

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BOWMAN, DUNCAN O
2467 SOUTH 3RD ST.
JACKSONVILLE FL 32250

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-01

Date

8460346 #20

Daytime Phone #

CR2E037 (10/00)