

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

005846

**DOCUMENT # N99000006934**

1. Entity Name

**WINDSONG COMMUNITY ASSOCIATION, INC.**

04-09-2002 90054 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

**1633 E VINE ST  
# 110  
KISSIMMEE FL 34744**



DO NOT WRITE IN THIS SPACE

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 **59-3624043**

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

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

Name **REBECCA FULON**  
Street Address (P.O. Box Number is Not Applicable)  
**1633 E. VINE Street**  
**Suite 110**  
City **Kissimmee** FL Zip Code **34744**

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 **PD** ☐ Delete  
NAME **KEEN, ALLAN E**  
STREET ADDRESS **1031 W. MORSE BLVD., STE. 325**  
CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Change ☒ Addition  
NAME **Bygdenburgh, Jeffrey**  
STREET ADDRESS **204 Genius Drive**  
CITY-ST-ZIP **Winter Park, FL 32789**

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

Date

Daytime Phone #

CR2E037 (9/01)