

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007605

FILED
Apr 20, 2011
Secretary of State

Entity Name: THE TERRACES AT CELEBRATION CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4700 MILLENIA BLVD., STE 515
ORLANDO, FL 32839

New Principal Place of Business:

4700 MILLENIA BLVD.
STE. 515
ORLANDO, FL 32839

Current Mailing Address:

4700 MILLENIA BLVD., STE 515
ORLANDO, FL 32839

New Mailing Address:

4700 MILLENIA BLVD.
STE. 515
ORLANDO, FL 32839

FEI Number: 65-1157224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS
4700 MILLENIA BLVD
SUITE 515
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: MCDONALD, LARRY
Address: 707 WESTPARK WAY # 110
City-St-Zip: CELEBRATION, FL 34747

Title: S
Name: CARBREY, MICHAEL B
Address: 1007 CELEBRATION AVE. # 204
City-St-Zip: CELEBRATION, FL 34747

Title: VP
Name: DELLAPUPA, FLAVIO
Address: 949 WEST PARK DRIVE # 208
City-St-Zip: CELEBRATION, FL 34747

Title: T
Name: METCALFE, ROBERT
Address: 921 WATERSIDE DRIVE # 205
City-St-Zip: CELEBRATION, FL 34747

Title: D
Name: RUSSO, BIAGGIO
Address: 921 WATERSIDE DRIVE #205
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LARRY MCDONALD

P

04/20/2011

Electronic Signature of Signing Officer or Director

_____ Date