

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 24, 2007  
Secretary of State**

DOCUMENT# N05000000340

**Entity Name:** SIENA AT CELEBRATION CONDOMINIUM "C" ASSOCIATION, INC.

**Current Principal Place of Business:**

745 SIENA PALM DRIVE  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

745 SIENA PALM DRIVE  
CELEBRATION, FL 34747

**New Mailing Address:**

**FEI Number:** 20-2304352      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LARSEN, RICHARD E  
55 EAST PINE STREET  
ORLANDO, FL 32801    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:            DP            ( ) Delete  
Name:            COLOR, RICHARD  
Address:        745 SIENA PALM DRIVE  
City-St-Zip:    CELEBRATION, FL 34747

Title:            DS            ( ) Delete  
Name:            COWART, APRIL  
Address:        745 SIENA PALM DRIVE  
City-St-Zip:    CELEBRATION, FL 34747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            DP            (X) Change ( ) Addition  
Name:            BROWN, CHERYL  
Address:        745 SIENA PALM DRIVE  
City-St-Zip:    CELEBRATION, FL 34747

Title:            DVP            (X) Change ( ) Addition  
Name:            COLAN, RICHARD  
Address:        745 SIENA PALM DRIVE  
City-St-Zip:    CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHERYL BROWN

DP

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date