


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2008 8:00 am**  
**Secretary of State**

02-27-2008 90013 040 \*\*\*\*61.25

**DOCUMENT # N05000000340**  
 1. Entity Name  
**SIENA AT CELEBRATION CONDOMINIUM "C" ASSOCIATION, INC.**



Principal Place of Business 745 SIENA PALM DRIVE CELEBRATION, FL 34747	Mailing Address 745 SIENA PALM DRIVE CELEBRATION, FL 34747
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**DO NOT WRITE IN THIS SPACE**



01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-2304352</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**LARSEN, RICHARD E**  
**55 EAST PINE STREET**  
**ORLANDO, FL 32801**

**DO NOT WRITE IN THIS SPACE**


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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, CHERYL 745 SIENA PALM DRIVE CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COLAN, RICHARD 745 SIENA PALM DRIVE CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GL 50110 Entity 3868 Approved 
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **1-15-08** **321-929-4034**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #