2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an atta

SIGNATURE:

address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

an SIGNATURE AND TYPED

Jul 27, 2005 8:00 am Secretary of State DOCUMENT # N98000001715 07-27-2005 90049 024 ****61 25 WATERSTREET AT CELEBRATION CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 701 CELEBRATION AVE. 50058026 701 CELEBRATION AVE. CELEBRATION, FL 34747 CELEBRATION, FL 34747 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07062005 Cha-NP CR2E037 (10/03) City & State City & State 4. FEI Number 58-2447135 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TARRAGON MANAGEMENT, INC. O. Box Number is Not Acceptable Celebration AUC 701 CELEBRATION AVE. CELEBRATION, FL 34747 elekration 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 7, 2005 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PΠ TITLE Delete TITLE Z Change ☐ Addition KLINER, GARY CAULEY, JIM NAME NAME 200 E. LAS OLAS BLVD., STE. 1660 701 Celebration STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33301 CITY-ST-ZIP Cetebration, fr 3474) VP/TRES hange TITLE 🗘 Delete TITLE Addition PRITCHARD PAVID MARTIN, TONY NAME NAME 701 celebration Are 701 CELEBRATION AVE. STREET ADDRESS STREET ADDRESS CELEBRATION, FL 34747 CITY-ST-ZIP CITY-ST-7IP celebration.PL 34747 TITLE SCERETARY Clete TITLE hange ☐ Addition MILLER ROWALD RUBENSTEIN, CHARLES NAME HAME 161 eclebration A 1775 BROADWAY, 23RD FLOOR STREET ADDRESS STREET ADDRESS celebration. FL 34747 CITY-ST-ZIP NEW YORK, NY 10019 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

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