AMENDED

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 NOV -7 AM 9:16

DOCUMENT # N98000001715

1. Entity Name
Water street at Celebration Condominium Association

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
701 Celebration Ave	701 Celebration Ave.	DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Celebration, FL	City & State: Celebration, FL	FEI Number: 58-2447135 ☐ Applied For ☐ Not Applicable
Zip: 34747 Country:	Zip: 34747 Country:	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable):
1840 Coral Way, 4th Floor

City: Miami FL Zip Code: 33145

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.

500081576905
11/07/06--01016--011 **61.25

SIGNATURE: Michael L. Shurilla 10/17/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE: $61.25
Initial or Amended UBR

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

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT
NAME	DIANE TAYLOR
STREET ADDRESS	541 WATER ST.
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	VICE PRESIDENT
NAME	Robert Mowers
STREET ADDRESS	725 CELEBRATION AVE
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	SECRETARY
NAME	ROBERT NILES
STREET ADDRESS	916 Pawstand Rd.
CITY-ST-ZIP	Celebration, FL 34747
TITLE	Treasurer
NAME	David Prichard
STREET ADDRESS	514 Water st.
CITY-ST-ZIP	Celebration, FL 34747
TITLE	DIRECTOR
NAME	Gene Schnader
STREET ADDRESS	515 Water st
CITY-ST-ZIP	Celebration, FL 34747
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Diane Taylor 10/17/06 407-566-9433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #