

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S80725** (2)

1. Corporation Name

CELEBRATION REALTY, INC.



Principal Place of Business

Mailing Address

**1375 BUENA VISTA DR
4 FLR N
LK BUENA VISTA FL 32830
US**

**500 SOUTH BUENA VISTA STREET
BURBANK CA 91521-0340
US**

2. Principal Place of Business

2a. Mailing Address

21 **500 SOUTH BUENA VISTA STREET**

3. Date Incorporated or Qualified
09/17/1991

3a. Date of Last Report
04/27/1995

4. FEI Number
59-3125085

Applied For
Not Applicable

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 City & State

27 City & State
BURBANK, CA

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

24 Zip Country
91521-0586 USA

29 Zip Country
91521-0586 USA

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IOPPOLO, FRANK S.
1375 BUENA VISTA DRIVE
4TH FLOOR NORTH
LAKE BUENA VISTA FL 32830**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

Signature typed or printed name of registered agent and title if applicable

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **PITT, LAWRENCE B**
CITY-ST-ZIP **1375 BUENA VISTA DR**
LAKE BUENA VISTA FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LITVACK, SANFORD M.**
CITY-ST-ZIP **500 SOUTH BUENA VISTA ST**
BURBANK CA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **RUMMELL, PETER S.**
CITY-ST-ZIP **500 SOUTH BUENA VISTA ST**
BURBANK CA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **ASD**
STREET ADDRESS **REED, MARSHA L.**
CITY-ST-ZIP **500 SOUTH BUENA VISTA ST**
BURBANK CA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **T**
STREET ADDRESS **QUIMET, MATTHEW A.**
CITY-ST-ZIP **6649 WESTWOOD DR**
ORLANDO FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **T.**
5.3 STREET ADDRESS **HILL, MITCHELL C.**
5.4 CITY-ST-ZIP **200 CELEBRATION PLACE**
CELEBRATION, FL 34747

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

MARSHA L. REED

Marsha L. Reed

4/18/96

(818) 560-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)