

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90011 040 \*\*\*\*61.25

<b>DOCUMENT # N05000003644</b> 1. Entity Name <b>GEORGETOWN AT CELEBRATION CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>7001 LAKE ELLENOR DRIVE SUITE 200 ORLANDO, FL 32809</b>			Mailing Address <b>7001 LAKE ELLENOR DRIVE SUITE 200 ORLANDO, FL 32809</b>		
2. Principal Place of Business <b>Georgetown at Celebration</b>			3. Mailing Address <b>300 Grand Magnolia Ave</b>		
Suite, Apt. #, etc. <b>300 Grand Magnolia Ave.</b>			Suite, Apt. #, etc. <b>300 Grand Magnolia Ave.</b>		
City & State <b>Celebration, FL</b>			City & State <b>Celebration, FL 34747</b>		
Zip <b>34747</b>		Country <b>Osceola</b>		Zip <b>34747</b>	
Country <b>Osceola</b>		4. FEI Number <b>20-245-7216</b>			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>KAMMERMAN, MARCY H ESQ. 200 EAST LAS OLAS BOULEVARD SUITE 1660 FORT LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent  Name <b>Georgetown at Celebration Condo Assn., Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 Grand Magnolia Ave.</b> City <b>Celebration</b> <b>FL</b> Zip Code <b>34747</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, BRAD 7001 LAKE ELLENOR DRIVE ORLANDO, FL 32809 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS GARCIA, MARIAN 7001 LAKE ELLENOR DRIVE ORLANDO, FL 32809 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BISHOP, CHARLET 7001 LAKE ELLENOR DRIVE ORLANDO, FL 32809 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
P Jackson, Brad <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Grand Magnolia Ave. Celebration, FL 34747					
VPS Garcia, Marian <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Grand Magnolia Ave. Celebration, FL 34747					
T Bishop, Charlet <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 300 Grand Magnolia Celebration, FL 34747					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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.					
<b>SIGNATURE:</b> <u>Charlet S.L. Bishop</u> <u>Charlet S.L. Bishop</u> <u>2/15/06</u> <u>939-0719</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					