2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N05000003644

Entity Name: GEORGETOWN AT CELEBRATION CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

300 MAGNOLIA AVE
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

300 MAGNOLIA AVE
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 20-2657216 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCOLLOCH, ANNEKE
300 GRAND MAGNOLIA AVE
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GILLESPIE, STEVE
Address: 239 LONGVIEW AVE #12215
City-St-Zip: CELEBRATION, FL 34747

Title: SD ( ) Delete
Name: SHOEN, FREDRICK A
Address: 272 CELEBRATION BLVD
City-St-Zip: CELEBRATION, FL 34747

Title: TD ( ) Delete
Name: HAYNES, SHARON
Address: 839 OAK SHADOWS RD
City-St-Zip: CELEBRATION, FL 34747

Title: D ( ) Delete
Name: BOHYN, CHRISTIAN
Address: 881 PARK SPRING LP
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WILLIAM, WITIAK JR
Address: 269 GOLDENRAIN DRIVE
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE GILLESPIE PD 03/24/2009

Electronic Signature of Signing Officer or Director — Date