

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

0096397

DOCUMENT # N01000007605

1. Entity Name

THE TERRACES AT CELEBRATION CONDOMINIUM ASSOCIATION, INC.

02-21-2002 90054 038 ****61.25

Principal Place of Business: 1690 SOUTH CONGRESS AVENUE SUITE 200 DELRAY BEACH FL 33445
 Mailing Address: 1690 SOUTH CONGRESS AVENUE SUITE 200 DELRAY BEACH FL 33445



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: C/O Celebration Town Hall

690 Celebration Ave.
 Celebration, Fl 34747

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1157224
 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
 LEVY, JOANN
 1690 SOUTH CONGRESS AVENUE SUITE 200
 DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent
 Name: Cindy Cassin
 The Terraces at Celebration Condo.
 Street Address (P.O. Box Number is Not Acceptable): C/O Celebration Town Hall Cindy Cassin
 690 Celebration Avenue
 City: Celebration FL Zip Code: 34747

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE: PD	<input type="checkbox"/> Delete
NAME: D'ADDARIO, MERLE	
STREET ADDRESS: 1690 SOUTH CONGRESS AVENUE SUITE 200 DELRAY BEACH FL 33445	
CITY-ST-ZIP:	
TITLE: VSTD	<input type="checkbox"/> Delete
NAME: LEVY, JOANN	
STREET ADDRESS: 1690 SOUTH CONGRESS AVENUE SUITE 200 DELRAY BEACH FL 33445	
CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete
NAME: LEVY, DANIEL	
STREET ADDRESS: 1690 SOUTH CONGRESS AVENUE SUITE 200 DELRAY BEACH FL 33445	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Delete
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joann Levy*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Joann Levy, V.P.** 1/15/02 1-561-274-222

CR2E037 (9/01)