

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007605

FILED  
Jun 29, 2006  
Secretary of State

**Entity Name:** THE TERRACES AT CELEBRATION CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

690 CELEBRATION AVE  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CELEBRATION TOWN HALL  
690 CELEBRATION AVE  
CELEBRATION, FL 34747

**New Mailing Address:**

**FEI Number:** 65-1157224      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LARSEN, RICHARD E  
55 EAST PINE STREET  
ORLANDO, FL 3280      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: D      ( ) Delete  
Name: NONWEILER, JOHN  
Address: 690 CELEBRATION AVE  
City-St-Zip: CELEBRATION, FL 34747

Title: STD      ( ) Delete  
Name: MEF CALFE, ROBERT  
Address: 690 CELEBRATION AVE  
City-St-Zip: CELEBRATION, FL 34947

Title: VP      ( ) Delete  
Name: CARBREY, MICHAEL B  
Address: 690 CELEBRATION AVE.  
City-St-Zip: CELEBRATION, FL 34747

Title: PD      ( ) Delete  
Name: MCDONALD, LARRY  
Address: 690 CELEBRATION AVE.  
City-St-Zip: CELEBRATION, FL 34747

Title: D      ( ) Delete  
Name: RUSSO, BIAGIO  
Address: 690 CELEBRATION AVE.  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: PASTERNAK, DENISE  
Address: 690 CELEBRATION AVE  
City-St-Zip: CELEBRATION, FL 34747

Title: TD      (X) Change ( ) Addition  
Name: DELLA PUPA, FLAVIO  
Address: 690 CELEBRATION AVE  
City-St-Zip: CELEBRATION, FL 34747

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LARRY MCDONALD

PD

06/29/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date