


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90120 028 \*\*\*\*61.25

DOCUMENT # N01000007605					
1. Entity Name THE TERRACES AT CELEBRATION CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5401 SOUTH KIRKMAN RD SUITE 450 ORLANDO, FL 32819		Mailing Address 5401 SOUTH KIRKMAN RD SUITE 450 ORLANDO, FL 32819			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1157224</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COMMUNITY MANAGEMENT PROFESSIONALS 5401 SOUTH KIRKMAN RD SUITE 450 ORLANDO, FL 32819			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVANE, HARRY M		NAME	Biagio Russa	
STREET ADDRESS	707 WEST PARK WAY SUITE 314		STREET ADDRESS	921 Waterside Drive # 205	
CITY-ST-ZIP	CELEBRATION, FL 34747		CITY-ST-ZIP	celebration, FL. 34747	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLA PUPA, FLAVIO		NAME		
STREET ADDRESS	948 WEST PARK DR SUITE 248		STREET ADDRESS		
CITY-ST-ZIP	CELEBRATION, FL 34747		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARBREY, MICHAEL B		NAME		
STREET ADDRESS	1007 CELEBRATION AVE SUITE 204		STREET ADDRESS		
CITY-ST-ZIP	CELEBRATION, FL 34747		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, LARRY R		NAME		
STREET ADDRESS	1175 SHAMTON DR		STREET ADDRESS		
CITY-ST-ZIP	COOKEVILLE, TN 38501		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOUIS, GRASSO		NAME	Michael Maloney	
STREET ADDRESS	910 WATERSIDE LN SUITE 107		STREET ADDRESS	921 Water side Drive #103	
CITY-ST-ZIP	CELEBRATION, FL 34747		CITY-ST-ZIP	celebration, FL. 34747	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
SIGNATURE: <i>Michael Maloney</i>			Date: <i>9 April 2008</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		