

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 13, 2009
Secretary of State**

DOCUMENT# N01000007605

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

Current Principal Place of Business:

5401 SOUTH KIRKMAN RD
SUITE 450
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

5401 SOUTH KIRKMAN RD
SUITE 450
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 65-1157224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS
5401 SOUTH KIRKMAN RD
SUITE 450
ORLANDO, FL 32819 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: DEVANE, HARRY M
Address: 707 WEST PARK WAY SUITE 314
City-St-Zip: CELEBRATION, FL 34747

Title: TD () Delete
Name: DELLA PUPA, FLAVIO
Address: 948 WEST PARK DR SUITE 248
City-St-Zip: CELEBRATION, FL 34747

Title: S () Delete
Name: CARBREY, MICHAEL B
Address: 1007 CELEBRATION AVE SUITE 204
City-St-Zip: CELEBRATION, FL 34747

Title: PD () Delete
Name: MCDONALD, LARRY R
Address: 1175 SHAMTON DR
City-St-Zip: COOKEVILLE, TN 38501

Title: V (X) Delete
Name: LOUIS, GRASSO
Address: 910 WATERSIDE LN SUITE 107
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARBREY, MICHAEL B
Address: 1007 CELEBRATION AVE. #204
City-St-Zip: CELEBRATION, FL 34747

Title: D (X) Change () Addition
Name: DELLA PUPA, FLAVIO
Address: 949 WEST PARK DRIVE #208
City-St-Zip: CELEBRATION, FL 34747

Title: D (X) Change () Addition
Name: METCALFE, ROBERT
Address: 921 WATERSIDE DRIVE #205
City-St-Zip: CELEBRATION, FL 34747

Title: D (X) Change () Addition
Name: PASTERNAK, DENISE
Address: 909 WATERSIDE LANE #309
City-St-Zip: CELEBRATION, FL 34747

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

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: MICHAEL B. CARBREY

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date