

MAY-28-2003 09:26

CROA

80123832

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N01000007605**

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

Principal Place of Business  
 1690 SOUTH CONGRESS AVENUE SUITE 200  
 DELRAY BEACH, FL 33445

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

2. Principal Place of Business  
 690 Celebration Ave

3. Mailing Address  
 Subj, Apt #, etc.

City & State  
 Celebration, FL

City & State  
 Celebration, FL

4. FEI Number  
 05-1157224

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

6. Name and Address of Current Registered Agent  
 CASSIN, CINDY  
 C/O CELEBRATION TOWN HALL  
 690 CELEBRATION AVE  
 CELEBRATION, FL 34747

7. Name and Address of New Registered Agent  
 Name: Richard E. Larsen  
 Street Address (P.O. Box Number is Not Acceptable):  
55 East Pine Street  
 City: Orlando FL Zip Code: 32801

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, in the family with, and accept the obligations of registered agent.

SIGNATURE: [Signature] 5/27/03

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '03	
TITLE PO	D'ADDARIO, MERLE 1690 SOUTH CONGRESS AVENUE SUITE 200 DELRAY BEACH, FL 33445	TITLE PB	Philip T. Davidson 690 Celebration Ave. Celebration, FL 34747
TITLE VSTD	LEVY, JOANN 1690 SOUTH CONGRESS AVENUE SUITE 200 DELRAY BEACH, FL 33445	TITLE VB	Kathleen Carlson 690 Celebration Ave. Celebration, FL 34747
TITLE D	LEVY, DANIEL 1690 SOUTH CONGRESS AVENUE SUITE 200 DELRAY BEACH, FL 33445	TITLE ST A	Robert Metcalf 690 Celebration Ave Celebration, FL 34747
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(9)(D), 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 an editor like empowered.

SIGNATURE: [Signature] 5/27/03

Philip T. Davidson Pres, BOA