

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009272

FILED
Apr 24, 2008
Secretary of State

Entity Name: CELERY LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

882 JACKSON AVE
WINTER PARK, FL 32789 US

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

882 JACKSON AVE
WINTER PARK, FL 32789 US

FEI Number: 81-0607395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECIALTY MANAGEMENT COMPANY OF CENTRAL FL
882 JACKSON AVE.
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

JORDAN, BRETT M
882 JACKSON AVE.
WINTER PARK, FL 32789 US

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: BRETT M. JORDAN

04/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: EINSTEIN, GARY
Address: 314 FAIRFIELD DR
City-St-Zip: SANFORD, FL 32771

Title: VPD () Delete
Name: PERCY, MAC
Address: 319 FAIRFIELD DR
City-St-Zip: SANFORD, FL 32771

Title: STD () Delete
Name: PERRY, HERMAN
Address: 364 FAIRFIELD DR
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: STALLINGS, PHILIP
Address: 311 FAIRFIELD DR
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: ROWE, JIM
Address: 108 MAYFIELD DR
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: GIDDINGS, CHRIS
Address: 117 MAYFIELD DR
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change () Addition
Name: SMITH, SHERRY
Address: 156 PINEFIELD DR
City-St-Zip: SANFORD, FL 32771

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: GARY EINSTEIN

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date