

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009272

FILED
Mar 11, 2009
Secretary of State

Entity Name: CELERY LAKES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

882 JACKSON AVE
WINTER PARK, FL 32789 US

New Principal Place of Business:

390 W. STATE ROAD 434, SUITE 203
LONGWOOD, FL 32750 US

Current Mailing Address:

PO BOX 197043
WINTER SPRINGS, FL 32719

New Mailing Address:

FEI Number: 81-0607395 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PALMERSTON, LLC
490 WEST S.R. 434
STE 203
LONGWOOD, FL 327504977 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: 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: GIDDINGS, CHRIS
Address: 117 MAYFIELD DR
City-St-Zip: SANFORD, FL 32771

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: PERCY, MARC
Address: 319 FAIRFIELD DR
City-St-Zip: SANFORD, FL 32771

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

Title: D (X) Change () Addition
Name: PERRY, HERMAN
Address: 364 FAIRFIELD DRIVE
City-St-Zip: SANFORD, FL 32771

Title: D (X) Change () Addition
Name: BELL, MARSHALL
Address: 154 WHEATFIELD CIRCLE
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

P

03/11/2009

Electronic Signature of Signing Officer or Director

Date