

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009272

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** CELERY LAKES HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

225 FAIRFIELD DR.  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

225 FAIRFIELD DR.  
SANFORD, FL 32771 US

**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:**

HAWKINS, DONALD  
116 PINEFIELD DRIVE  
SANFORD, FL 32771 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: P  
Name: NEU, TIM  
Address: 130 PINEFIELD DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: V  
Name: PERCY, MARC  
Address: 319 FAIRFIELD DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: T  
Name: RAETZ, NEAL  
Address: 132 PINEFIELD DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: D  
Name: PERRY, HERMAN  
Address: 364 FAIRFIELD DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: S  
Name: GIDDINGS, CHRIS  
Address: 117 MAYFIELD DRIVE  
City-St-Zip: SANFORD, FL 32771

Title: D  
Name: CONLEY, KATHY  
Address: 333 FAIRFIELD DRIVE  
City-St-Zip: SANFORD, FL 32771

I hereby 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 all other like empowered.

SIGNATURE: CHRIS GIDDINGS

S

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date