

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000006179

FILED
Jul 06, 2006
Secretary of State

Entity Name: TERRACES AT EAST VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6400 CONGRESS AVE STE 2000
BOCA RATON, FL 33487

New Principal Place of Business:

690 CELEBRATION AVENUE
CELEBRATION, FL 34747

Current Mailing Address:

690 CELEBRATION AVENUE
CELEBRATION, FL 34747

New Mailing Address:

C/O CELEBRATION TOWN HALL
690 CELEBRATION AVENUE
CELEBRATION, FL 34747

FEI Number: 20-1291890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LEVY, JOANN
6400 CONGRESS AVE STE 2000
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

LARSEN, RICHARD E
55 EAST PINE STREET
ORLANDO, FL 32801 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: RICHARD E. LARSEN

07/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, CHARLES
Address: 6400 CONGRESS AVE STE 2000
City-St-Zip: BOCA RATON, FL 33487

Title: DPST () Delete
Name: LEVY, JOANN
Address: 6400 CONGRESS AVE STE 2000
City-St-Zip: BOCA RATON, FL 33487

Title: DV () Delete
Name: LEVY, JOEL
Address: 6400 CONGRESS AVE STE 2000
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: THOMAS, WILLIAM
Address: 690 CELEBRATION AVENUE
City-St-Zip: CELEBRATION, FL 34747

Title: DPST (X) Change () Addition
Name: IMRAN, KYANI
Address: 690 CELEBRATION AVENUE
City-St-Zip: CELEBRATION, FL 34747

Title: DVP (X) Change () Addition
Name: WELLENDORF, CHARLES
Address: 690 CELEBRATION AVENUE
City-St-Zip: CELEBRATION, FL 34747

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM THOMAS

DP

07/06/2006

Electronic Signature of Signing Officer or Director

Date