

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90064 035 ****61.25

DOCUMENT # N04000006179 1. Entity Name TERRACES AT EAST VILLAGE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 690 CELEBRATION AVENUE CELEBRATION, FL 34747		Mailing Address C/O CELEBRATION TOWN HALL 690 CELEBRATION AVENUE CELEBRATION, FL 34747	
2. Principal Place of Business - No P.O. Box # 5401 S. KIRKMAN Road		3. Mailing Address C/O Community Management Professionals	
Suite, Apt. #, etc. Suite #450		Suite, Apt. #, etc. 5401 S. Kirkman Rd. Ste. #450	
City & State Orlando, Florida		City & State Orlando, Florida	
Zip 32819		Zip 32819	
Country USA		Country USA	
4. FEI Number 20-1291890		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARSEN, RICHARD E 55 EAST PINE STREET ORLANDO, FL 32801			
7. Name and Address of New Registered Agent Name Community Management Professionals Street Address (P.O. Box Number is Not Acceptable) 5401 S. Kirkman Road Suite #450 City Orlando State FL Zip Code 32819			
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE 4-30-07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)			
Filing Fee is \$81.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP THOMAS, WILLIAM 690 CELEBRATION AVENUE CELEBRATION, FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Thomas, William 855 Blue Sage Street #303 Celebration, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST. IMRAN, KYANI 690 CELEBRATION AVENUE CELEBRATION, FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Kyani Imran 1053 BAK POND DRIVE #201 Celebration, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP WELLENDOFF, CHARLES 690 CELEBRATION AVENUE CELEBRATION, FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. Wellendorf, Charles 834 Deer Wood Road #303 Celebration, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAAS, Robert 844 Blue Sage Street #104 Celebration, FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAAS, Robert 844 Blue Sage Street #104 Celebration, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BARRON, JANE T 1052 Firethorn Street #301 Celebration, FL 34747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. BARRON, JANE T 1052 Firethorn Street #301 Celebration, FL 34747
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.			
SIGNATURE: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/27/07 Date	