

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003644

**FILED**  
**Feb 10, 2010**  
**Secretary of State**

**Entity Name:** GEORGETOWN AT CELEBRATION CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

300 MAGNOLIA AVE  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

300 MAGNOLIA AVE  
CELEBRATION, FL 34747

**New Mailing Address:**

**FEI Number:** 20-2657216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCOLLOCH, ANNEKE  
300 GRAND MAGNOLIA AVE  
CELEBRATION, FL 34747 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  
**Name:** GILLESPIE, STEVE MR  
**Address:** 239 LONGVIEW AVE #12215  
**City-St-Zip:** CELEBRATION, FL 34747

**Title:** D  
**Name:** SHOEN, FREDRICK A MR  
**Address:** 272 CELEBRATION BLVD  
**City-St-Zip:** CELEBRATION, FL 34747

**Title:** TD  
**Name:** HAYNES, SHARON MRS  
**Address:** 839 OAK SHADOWS RD  
**City-St-Zip:** CELEBRATION, FL 34747

**Title:** VP  
**Name:** WITIAK JR, WILLIAM MR  
**Address:** 269 GOLDENRAIN DRIVE  
**City-St-Zip:** CELEBRATION, FL 34747

**Title:** SD  
**Name:** MODEL, ERIC DR  
**Address:** 267 GOLDENRAIN DRIVE  
**City-St-Zip:** CELEBRATION, FL 34747

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:** STEVE GILLESPIE

PD

02/10/2010

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

\_\_\_\_\_  
Date