


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000006684					
1. Entity Name ROYAL CELEBRATION RESORT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 703 COURT STREET CLEARWATER, FL 33756			Mailing Address 703 COURT STREET CLEARWATER, FL 33756		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
08222007 Chg-NP				CR2E037 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENNINGS III, THOMAS C 703 COURT STREET CLEARWATER, FL 33756			7. Name and Address of New Registered Agent Name <u>TRS, Inc.</u> Street Address (P.O. Box Number is Not Acceptable) <u>13030 Gulf Blvd</u> City <u>Madiera Beach</u> FL <u>33708</u> Zip Code		
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 <u>Joseph Jorgensen</u> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing <input type="checkbox"/>		\$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	PST DRILLICH, MARTIN C/O TRS, 13030 GULF BLVD MADEIRA BEACH, FL 337082639	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President, Secretary, Treas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joseph Jorgensen 13030 Gulf Blvd Madeira Beach, FL 33708	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRILLICH, MARTIN C/O TRS, 13030 GULF BLVD MADEIRA BEACH, FL 337082639	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500109563055 09/19/07--01021--013 **\$1.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Joseph Jorgensen</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					

FILED

07 SEP 18 AM 11:47

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

