

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 26, 2007
Secretary of State

DOCUMENT# N06000006684

Entity Name: ROYAL CELEBRATION RESORT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**703 COURT STREET
CLEARWATER, FL 33756**New Principal Place of Business:**4944 W. IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 34746 US**Current Mailing Address:**703 COURT STREET
CLEARWATER, FL 33756**New Mailing Address:**4944 W. IRLO BRONSON MEMORIAL HIGHWAY
KISSIMMEE, FL 34746 US**FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TRS, INC.
13030 GULF BLVD
MADEIRA BEACH, FL 33708 US**Name and Address of New Registered Agent:**BRIAN MICHAEL MARK, P.A.
104 CHURCH ST
KISSIMMEE, FL 34741 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: CATHERINE M. TAYLOR

09/26/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: PST () Delete
Name: JORGENSEN, JOSEPH
Address: 13030 GULF BLVD
City-St-Zip: MADEIRA BEACH, FL 33708Title: () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: PST (X) Change () Addition
Name: LYONS, TOM
Address: C/O GLOBAL CONNECTIONS, 5320 COLLEGE BLVD.
City-St-Zip: OVERLAND PARK, KS 66211 USTitle: D () Change (X) Addition
Name: LYONS, TOM
Address: C/O GLOBAL CONNECTIONS, 5320 COLLEGE BLVD.
City-St-Zip: OVERLAND PARK, KS 66211 US

I hereby certify that the information supplied with this filing does not qualify 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: TOM LYONS

PST

09/26/2007

Electronic Signature of Signing Officer or Director

Date