

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007154

FILED
Jan 13, 2009
Secretary of State

Entity Name: CARLYLE RESIDENCES AT CELEBRATION CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 SOUTH KIRKMAN ROAD, SUITE 450
ORLANDO, FL 32819

New Principal Place of Business:

5401 S. KIRKMAN ROAD
STE. 450
ORLANDO, FL 32819

Current Mailing Address:

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 SOUTH KIRKMAN ROAD, SUITE 450
ORLANDO, FL 32819

New Mailing Address:

5401 S. KIRKMAN ROAD
STE. 450
ORLANDO, FL 32819

FEI Number: 20-8453517

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC.
5401 SOUTH KIRKMAN ROAD
SUITE 450
ORLANDO, FL 32819 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: DP () Delete
Name: COCKS, PHILIP
Address: 706 MULBERRY AVE
City-St-Zip: CELEBRATION, FL 34747

Title: DST () Delete
Name: WELLENDORF, CHARLES
Address: 619 FRONT ST #3305
City-St-Zip: CELEBRATION, FL 34747

Title: DV () Delete
Name: ADLER, JEFF
Address: 14790 GUARANI ST. NW
City-St-Zip: ANDOVER, MN 55304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COCKS, PHILIP A
Address: 621 SYCAMORE STREET #5202
City-St-Zip: CELEBRATION, FL 34747

Title: VP (X) Change () Addition
Name: ADLER, JEFFREY
Address: 621 SYCAMORE STREET #5102
City-St-Zip: CELEBRATION, FL 34747

Title: ST (X) Change () Addition
Name: WELLENDORF, CHARLES
Address: 619 FRONT STREET #3305
City-St-Zip: CELEBRATION, FL 34747

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: PHILIP A. COCKS

P

01/13/2009

Electronic Signature of Signing Officer or Director

Date