

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009943

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** MONA LISA AT CELEBRATION CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

215 CELEBRATION PLACE, STE. 500  
CELEBRATION, FL 34747

**New Principal Place of Business:**

225 CELEBRATION PLACE  
CELEBRATION, FL 34747

**Current Mailing Address:**

215 CELEBRATION PLACE, STE. 500  
CELEBRATION, FL 34747

**New Mailing Address:**

225 CELEBRATION PLACE  
CELEBRATION, FL 34747

**FEI Number:** 30-0474580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INGLIS, JOHN S.  
101 E. KENNEDY BLVD., STE. 2800  
TAMPA, FL 336025151 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: D ( ) Delete  
Name: HABERMAN, WILLIAM E  
Address: 215 CELEBRATION PLACE, STE. 500  
City-St-Zip: CELEBRATION, FL 34747

Title: D ( ) Delete  
Name: DEININGER, PETER  
Address: 215 CELEBRATION PLACE, STE. 500  
City-St-Zip: CELEBRATION, FL 34747

Title: D ( ) Delete  
Name: GULLEM, BERNARD  
Address: 215 CELEBRATION PLACE, STE. 500  
City-St-Zip: CELEBRATION, FL 34747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: WILLIAM HABERMAN

D

04/22/2009

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

\_\_\_\_\_  
Date