

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2008  
Secretary of State**

DOCUMENT# N07000011344

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

**Current Principal Place of Business:**

950 CELEBRATION BOULEVARD  
SUITE F  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

950 CELEBRATION BOULEVARD  
SUITE F  
CELEBRATION, FL 34747

**New Mailing Address:**

**FEI Number:** 26-1571417      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BECKER & POLIAKOFF, P.A.  
3111 STRILING ROAD  
FORT LAUDERDALE, FL 33312      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      ( ) Delete  
Name: HEMPEL, DONALD E  
Address: 950 CELEBRATION BOULEVARD, SUITE F  
City-St-Zip: CELEBRATION, FL 34747

Title: VPD      ( ) Delete  
Name: MARCHELL, JEFFREY F  
Address: 950 CELEBRATION BOULEVARD, SUITE F  
City-St-Zip: CELEBRATION, FL 34747

Title: STD      ( ) Delete  
Name: ACHORS, SARAH  
Address: 950 CELEBRATION BOULEVARD, SUITE F  
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: STD      (X) Change ( ) Addition  
Name: HOFFART, SARAH  
Address: 950 CELEBRATION BOULEVARD, SUITE F  
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: SARAH HOFFART

STD

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date