

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011344

FILED
Apr 23, 2009
Secretary of State

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:

MARCHELL, JEFFREY VP
950 CELEBRATION BOULEVARD
F
CELEBRATION, FL 34747 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: JEFFREY MARCHELL 04/23/2009

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: HOFFART, 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: () 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: JEFFREY MARCHELL VP 04/23/2009

Electronic Signature of Signing Officer or Director Date