FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

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D	OCUMENT	#	N41	177

1. Corporation Name

CELEBRATION COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Busines
1120 CELEBRATION CT.
JACKSONVILLE FL 32259
HC

2. Principal Place of Business

Mailing Address

2a. Mailing Address

1140 CELEBRATION COURT JACKSONVILLE FL 32259

US



3. Date incorporated or Qualifed

21		26				_	12/00/1990			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				4. FEI Number	Ap	plied For	
22		27					59-3041202	No	t Applicable	
City & Sta	te		City & State				5. Certificate of Status Desired	\$8.75		
23		28					- Continents of States Source	Fee Re	qui <u>red</u>	
Zip	Country		Zíp	Count	try		6. Election Campaign Financing	\$5.00		
24	25	29		30			Trust Fund Contribution	Added t	o Fees	
•	 Name and Address of Curren 	t Regi	stered Agent		_		10. Name and Address of New Registered A	<u>jent</u>		
					31	Name				
PITTS, THERESA C. 1140 CELEBRATION COURT					82 Street Address (P.O. Box Number is Not Acceptable)					
	IVILLE FL 32259			8	33					
0,1011001	,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>				34	City		85 Zip (Code	
 -						•	FL	1 1		
11. Pursuant	to the provisions of Sections 617.0503	2 and 6	317.1508, Florida Statute	es, the abo	ve	-named corpo	oration submits this statement for the purpose of cl	nanging its	registered	
office or	registered agent, or both, in the State of am familiar with, and accept the obligat	of Flori	da. Such change was al	uthörizéd t	ז עכ	ine corooratio	on's board of directors. I hereby accept the appoint	nent as re	gistered	
	TOTAL OF MARKE	10113 O	78664530 CZ	12/24			4/2010	9		
SIGNATURE	Signature, typed or printed name of registered agen	nt and title				signature required	d when reinstating) DATE	<u> </u>		
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	DST		☐ DELETE	1.1 11111	Ę			Change	☐ Addition	
NAME	PITTS, THERESA C			1.2 NAM	Ε					
STREET ADDRESS	THE OF FRANCISCO COURT			1.3 STRI	EET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32259			1.4 CITY	-ST	-ZIP				
TITLE	D		☐ DELETE	2.1 ∏∏	Ė			Change	☐ Addition	
NAME	LYDEN, BILL			2.2 NAM	E					
STREET ADDRESS				2.3 STR	EET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL			2. 4 CIT	Y- S1	Γ- ZIP				
TITLE	DP		☐ DELETE	3.1 TITL	E			☐ Change	☐ Addition	
NAME	ROCKENBACH, J.L.			3.2 NAM	Œ					
STREET ADDRESS						ADORESS				
CITY-ST-ZIP	JACKSONVILLE FL			3.4. CIT						
TITLE	' ONOTION THEE I L		☐ DELETE	4,1 TITL				Change	Addition	
NAME				4. 2 NAM	ΛE					
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP	[4.4 C/TY						
TITLE	 		☐ DELETE	5.1 TITL				☐ Change	Addition	
NAME				5.2 NAM				-		
STREET ADDRESS				5.3 STR	EET	ADDRESS				
				5.4 CITY						
CITY-ST-ZIP	 		☐ DELETE	6.1 TITL				Change	Addition	
TITLE			C 257515	6.2 NAM					_	
NAME	ļ					ADDRESS				
STREET ADDRESS	5			0.3 5 I K	EE (ADDRESS				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~//30/99

904.464.6453