

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N41177

FILED  
May 01, 2002 8:00 AM  
Secretary of State

**Entity Name:** CELEBRATION COVE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1120 CELEBRATION CT.  
JACKSONVILLE, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

1140 CELEBRATION COURT  
JACKSONVILLE, FL 32259 US

**New Mailing Address:**

FEI Number: 59-3041202      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PITTS, THERESA C.  
1140 CELEBRATION COURT  
JACKSONVILLE, FL 32259 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: DST ( ) Delete  
Name: PITTS, THERESA C  
Address: 1140 CELEBRATION COURT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete  
Name: LYDEN, BILL  
Address: 1100 CELEBRATION COURT  
City-St-Zip: JACKSONVILLE, FL

Title: DP ( ) Delete  
Name: ROCKENBACH, J.L.  
Address: 1120 CELEBRATION COURT  
City-St-Zip: JACKSONVILLE, FL

**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 for the exemption stated in Section 119.07(3)(i), 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: THERESA C PITTS

DST

05/01/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date