

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90191 023 ****61.25

DOCUMENT # N41177

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



Principal Place of Business
**1120 CELEBRATION CT.
JACKSONVILLE, FL 32259 US**

Mailing Address
**1120 CELEBRATION COURT
JACKSONVILLE, FL 32259 US**



03042006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3041202	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PITTS, THERESA C.
1140 CELEBRATION COURT
JACKSONVILLE, FL 32259**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROCKENBACH, MARGUERITTE <i>ROCKENBACH</i> 1120 CELEBRATION COURT JACKSONVILLE, FL 32259 <i>NOT K</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ROCKENBACH, J.L. 1120 CELEBRATION COURT JACKSONVILLE, FL 32259
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margueritte A. Rockenbach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-06
Date

904-287-2139
Daytime Phone #