


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 A
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03102007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3041202	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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 1120 CELEBRATION COURT JACKSONVILLE, FL 32259
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROCKENBACH, J.L. 1120 CELEBRATION COURT JACKSONVILLE, FL 32259
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U00000715500
04/27/07-80069-001 61.25

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 K. Rockenbach* **April 16, 2007** **287-2139**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #