2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000004832



FILED May 03, 2007 8:00 am Secretary of State

	DTARY CLUB OF CELEBRATION FLORIDA DUNDATION, INC.					05-03-2007	J0034 04J		20	
Principal Place of Business 202 REDBUD STREET CELEBRATION, FL 34747 Principal Place of Business P 0 BOX 470232 CELEBRATION, FL 34747			47-0232	2 US	1 (DEI)(I) E1 2 (2	ilia amin askii sakii aski	ii galii kalii girbi ik		ii21 81 (82)	
Principal Place of Business - No P.O. Box # Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04292007	Chg-NP	CR2E037 (1	12/06)		
City & State		City & State	City & State		4. FEI Number 59-3006054		Applied For Not Applicable			
Zip	Country	Zip	Coul	ntry	5. Certificate of	Status Desired		.75 Add Required		
6. Name	and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered Ager	nt		
PAUL, LEVINSON	1000			Name SHARON D2/ECHCIAK2						
884 SPRING PARK LOOP CELEBRATION, FL 34747				Street Address (P.O. Box Number is Not Acceptable) 2400 QUAIL COVE CT						
· '*				City K 13	351 MMee		FL	Zip Code	744	
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	Shown W	2 pickeriais				4	1/28/0	31		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. QNOTE: Registered Agent signature required when renatating) DATE										
Filing Fe	Filing Fee is \$61.25 Due by May 1, 2007 9. Election Campaign F Trust Fund Contribut			nancing	\$5.00 May Be Added to Fees Make check payable to Florida Department of State					
Due by I		i	Contribution	on.						
Due by I	Way 1, 2007 OFFICERS AND DIF	i	ontributio			Flori	ida Departme	nt of St	ate	
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I nereby certify mat 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.

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SHARON BLIEGURIARZ

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