

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

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000001715	
1. Entity Name WATERSTREET AT CELEBRATION CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 701 CELEBRATION AVE. CELEBRATION, FL 34747	Mailing Address 701 CELEBRATION AVE. CELEBRATION, FL 34747



03122007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-2447135	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 SPIEGEL & UTRERA, P.A. 1840 CORAL WAY, 4TH FLOOR MIAMI, FL 33145	DO NOT WRITE IN THIS SPACE
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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, 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	P TAYLOR, DIANE 541 WATER STREET CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOWERS, ROBERT 725 CELEBRATION AVENUE CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NILES, ROBERT 916 PAWSTAND ROAD CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PRICHARD, DAVID 514 WATER STREET CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHNADER, GENE 515 WATER STREET CELEBRATION, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000673022
03/29/07-80012-015 61.25

**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: Diane Taylor 3/13/07 (Not) 566-9433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #