## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000061226

City-St-Zip:

MIAMI LAKES, FL 33016 US

FILED Apr 21, 2008 Secretary of State

Entity Name: CELEBRATION POINTE TOWNHOMES, INC.					
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
7975 NW 154TH ST., SUITE 400 MIAMI LAKES, FL 33016				7975 NW 154TH ST., SUITE 400 MIAMI LAKES, FL 33016 US	
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
7975 NW 154TH ST., SUITE 400 MIAMI LAKES, FL 33016				7975 NW 154TH ST., SUITE 400 MIAMI LAKES, FL 33016 US	
FEI Number:	20-1134315	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
BRIELE, ROBERT T 7975 NW 154 STREET SUITE 400 MIAMI LAKES, FL 33016 US			3389 SHERIDAN ST #560	PETER M. HODKIN, P.A. 3389 SHERIDAN STREET #560 HOLLYWOOD, FL 33021 US	
	named entity : e of Florida.	submits this statement for the pu	urpose of changing its registe	red office or registered agent, or both,	
SIGNATURE: PETER HODKIN				04/21/2008	
	Electror	nic Signature of Registered Ager	nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MIJARES, ANT	H ST., SUITE 400	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CARDOSO, SIL	H ST., SUITE 400	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	BRIELE, ROBE	) Delete RT T H ST., SUITE 400	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: ROBERT T. BRIELE 04/21/2008 ٧