GAINESVILLE,				
Current Ma	iling Address:			
2579 SW 87 GAINESVIL	TH DRIVE LE, FL 32608 US			
FEI Number: NOT APPLICABLE Ce			Certificate of Status De	sired: No
Name and A	Address of Current Registered Agent:			
2579 SW 87TH GAINESVILLE,	FL 32608 US			
GAINESVILLE,	FL 32608 US d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of F	-lorida.
GAINESVILLE, The above name		stered office or regis	tered agent, or both, in the State of F	Florida. 03/17/2021
GAINESVILLE, The above name	d entity submits this statement for the purpose of changing its regis	stered office or regis	tered agent, or both, in the State of F	
GAINESVILLE, The above name SIGNATURI	d entity submits this statement for the purpose of changing its regis E: SVEIN H. DYRKOLBOTN	stered office or regis	tered agent, or both, in the State of F	03/17/2021
GAINESVILLE, The above name SIGNATURI	d entity submits this statement for the purpose of changing its regis E: SVEIN H. DYRKOLBOTN Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of F	03/17/2021
GAINESVILLE, The above name SIGNATURI Officer/Dire	d entity submits this statement for the purpose of changing its regis E: SVEIN H. DYRKOLBOTN Electronic Signature of Registered Agent			03/17/2021
GAINESVILLE, The above name SIGNATURI Officer/Dire Title	d entity submits this statement for the purpose of changing its regis E: SVEIN H. DYRKOLBOTN Electronic Signature of Registered Agent ctor Detail : DPS	Title	DIR	03/17/2021
GAINESVILLE, The above name SIGNATURI Officer/Dire Title Name	d entity submits this statement for the purpose of changing its regis SVEIN H. DYRKOLBOTN Electronic Signature of Registered Agent Ctor Detail : DPS DYRKOLBOTN, SVEIN 2579 SW 87TH DRIVE	Title Name	DIR STOCKMAN, JIM 2579 SW 87TH DRIVE	03/17/2021

Name

Address

City-State-Zip:

## I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SVEIN H. DYRKOLBOTN	DPS	03/17/2021

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N1800009294

Entity Name: OFFICE 5001 AT CELEBRATION POINTE CONDOMINIUM ASSOCIATION, INC.

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## **Current Principal Place of Business:**

MCINTOSH, SEAN

2579 SW 87TH DRIVE

GAINESVILLE FL 32608

2579 SW 87TH DRIVE

Name

Address

City-State-Zip:

## FILED Mar 17, 2021 **Secretary of State** 3636392185CC

STOCKMAN, JAMES

2579 SW 87TH DRIVE

GAINESVILLE FL 32608

Date