

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005330

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: CELEBRATION COMMUNITY SERVICES, INC.

**Current Principal Place of Business:**

851 CELEBRATION AVE  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

851 CELEBRATION AVE  
CELEBRATION, FL 34747

**New Mailing Address:**

FEI Number: 20-8971083

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LARSEN, RICHARD E ESQ.  
55 EAST PINE STREET  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: MS ( ) Delete  
Name: EISSINMANN, ALEX  
Address: 1239 CELEBRATION AVE.  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MR ( ) Delete  
Name: KASZUBINSKI, DAVE  
Address: 1211 STONECUTTER DR. #201  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MR ( ) Delete  
Name: MCDONALD, DON  
Address: 402 IRIS ST.  
City-St-Zip: CELEBRATION, FL 34747 US

Title: MS ( ) Delete  
Name: LIZASUAIN, TWIS  
Address: 2601 E. IRLO BRONSON MEMORIAL HIGHWAY  
City-St-Zip: KISSIMMEE, FL 34744 US

Title: MS (X) Delete  
Name: RESENDEZ, JENNIFER  
Address: 1925 E. IRLO BRONSON MEMORIAL HWY.  
City-St-Zip: KISSIMMEE, FL 34744 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MS (X) Change ( ) Addition  
Name: EISSINMANN, ALEX  
Address: 573B CAMPUS STREET  
City-St-Zip: CELEBRATION, FL 34747 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: PAT WASSON

MS

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date