

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005330

Entity Name: CELEBRATION COMMUNITY SERVICES, INC.**Current Principal Place of Business:**851 CELEBRATION AVE
CELEBRATION, FL 34747**Current Mailing Address:**C/O REALMANAGE
P O BOX 803555
DALLAS, TX 75380 US**FEI Number:** 20-8971083**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LARSEN, RICHARD EESQ.
5323 MILLENIA LAKES BLVD
STE. 300
ORLANDO, FL 32839 US*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**Officer/Director Detail :**

Title	VP
Name	CHARLES, RICHARDS
Address	851 CELEBRATION AVE
City-State-Zip:	CELEBRATION FL 34747

Title	DIRECTOR
Name	WISE, JARED
Address	851 CELEBRATION AVE
City-State-Zip:	CELEBRATION FL 34747

Title	SECRETARY
Name	SHULTMAN, KATY
Address	851 CELEBRATION AVE
City-State-Zip:	CELEBRATION FL 34747

Title	PRESIDENT
Name	MCDONALD, DON
Address	851 CELEBRATION AVE
City-State-Zip:	CELEBRATION FL 34747

Title	DIRECTOR
Name	OPPEGAARD, ERIC
Address	851 CELEBRATION AVE
City-State-Zip:	CELEBRATION FL 34747

Title	DIRECTOR
Name	MECCIA, MARCO
Address	851 CELEBRATION AVE
City-State-Zip:	CELEBRATION FL 34747

Title	TREASURER
Name	LONG, BILL
Address	851 CELEBRATION AVE
City-State-Zip:	CELEBRATION FL 34747

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: DON MCDONALD**PRESIDENT****03/11/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date