

**2022 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 DIRECTOR  
Name ANDERSON, DAVID  
Address 851 CELEBRATION AVE  
City-State-Zip: CELEBRATION FL 34747

Title VP  
Name BRIAN, KENSIL  
Address 851 CELEBRATION AVE  
City-State-Zip: CELEBRATION FL 34747

Title PRESIDENT  
Name VASSALLO, DIANA  
Address 851 CELEBRATION AVE  
City-State-Zip: CELEBRATION FL 34747

Title SECRETARY  
Name KEVIN, KIRBY  
Address 851 CELEBRATION AVE  
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR  
Name VASSALLO, DIANA  
Address 851 CELEBRATION AVE  
City-State-Zip: CELEBRATION FL 34747

Title TREASURER  
Name SWISHER, CINDY  
Address 851 CELEBRATION AVE  
City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR  
Name MCFADDEN, CELIA  
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:** DIANA VASSALLO

**PRESIDENT**

**04/25/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date