

**2016 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:**851 CELEBRATION AVE  
CELEBRATION, FL 34747**FEI Number:** 20-8971083**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LARSEN, RICHARD EESQ.  
300 S. ORANGE AVE.  
STE. 1200  
ORLANDO, FL 32801 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            | MCLAUGHLIN, JACK     |
| Address         | 851 CELEBRATION AVE  |
| City-State-Zip: | CELEBRATION FL 34747 |

|                 |                      |
|-----------------|----------------------|
| Title           | TREASURER            |
| Name            | COLLINS, PAUL        |
| Address         | 851 CELEBRATION AVE  |
| City-State-Zip: | CELEBRATION FL 34747 |

|                 |                      |
|-----------------|----------------------|
| Title           | PRESIDENT            |
| Name            | WINTER, VANESSA      |
| Address         | 851 CELEBRATION AVE  |
| City-State-Zip: | CELEBRATION FL 34747 |

|                 |                      |
|-----------------|----------------------|
| Title           | SECRETARY            |
| Name            | WEISHEYER, TIM       |
| Address         | 851 CELEBRATION AVE  |
| City-State-Zip: | CELEBRATION FL 34747 |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | HARTFORD, MIKE       |
| 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:** VANESSA WINTER

PRESIDENT

06/28/2016

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