

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000008419

Entity Name: COPPER CREEK VILLAS & CABINS AT DISNEY'S WILDERNESS
LODGE CONDOMINIUM ASSOCIATION, INC.**FILED**
Jan 22, 2020
Secretary of State
7833945111CC**Current Principal Place of Business:**1390 CELEBRATION BOULEVARD
CELEBRATION, FL 34747**Current Mailing Address:**1390 CELEBRATION BOULEVARD
CELEBRATION, FL 34747 US**FEI Number: 81-3773005****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
2ND FL
TALLAHASSEE, FL 32301 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 & PRESIDENT
Name	SCHULTZ, TERRI A.
Address	1390 CELEBRATION BOULEVARD
City-State-Zip:	CELEBRATION FL 34747

Title	DIRECTOR & VICE PRESIDENT
Name	SAKASKE, SHANNON
Address	1390 CELEBRATION BOULEVARD
City-State-Zip:	CELEBRATION FL 34747

Title	DIRECTOR, VICE PRESIDENT & SECRETARY
Name	CHANG, YVONNE
Address	1390 CELEBRATION BOULEVARD
City-State-Zip:	CELEBRATION FL 34747

Title	VICE PRESIDENT & TREASURER
Name	HEALY, ELIZABETH
Address	1390 CELEBRATION BOULEVARD
City-State-Zip:	CELEBRATION FL 34747

Title	DIRECTOR, VICE PRESIDENT & ASSISTANT SECRETARY
Name	DHANANI, MAHMUD
Address	1390 CELEBRATION BOULEVARD
City-State-Zip:	CELEBRATION FL 34747

Title	VICE PRESIDENT & ASSISTANT TREASURER
Name	DIERCKSEN, WILLIAM
Address	1390 CELEBRATION BOULEVARD
City-State-Zip:	CELEBRATION FL 34747

Title	DIRECTOR
Name	NIEMAN, LEIGH ANNE
Address	1390 CELEBRATION BOULEVARD
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: YVONNE CHANG**SECRETARY****01/22/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date