2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000008419

Entity Name: COPPER CREEK VILLAS & CABINS AT DISNEY'S WILDERNESS

LODGE CONDOMINIUM ASSOCIATION, INC.

Mar 17, 2017 Secretary of State CC7996616323

FILED

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. 155 OFFICE PLAZA DRIVE, STE A 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

Officer/Director Detail:

Title DIRECTOR & PRESIDENT Title DIRECTOR & VICE PRESIDENT

Name POTROCK, KENNETH M Name SAKASKE, SHANNON

Address 1390 CELEBRATION BOULEVARD Address 1390 CELEBRATION BOULEVARD

City-State-Zip: CELEBRATION FL 34747 City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR, VICE PRESIDENT & Title DIRECTOR, VICE PRESIDENT & ASSISTANT SECRETARY

AGGIOTATI GEGIETA

Name CHANG, YVONNE Name DHANANI, MAHMUD

Address 1390 CELEBRATION BOULEVARD Address 1390 CELEBRATION BOULEVARD

City-State-Zip: CELEBRATION FL 34747 City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR Title VICE PRESIDENT & TREASURER

Name NIEMAN, LEIGH ANNE Name SCHULTZ, TERRI A

Address 1390 CELEBRATION BOULEVARD Address 1390 CELEBRATION BOULEVARD

City-State-Zip: CELEBRATION FL 34747 City-State-Zip: CELEBRATION FL 34747

Title VICE PRESIDENT & ASSISTANT

TREASURER

Name PAULSEN, BRIAN

Address 1390 CELBRATION 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 DIRECTOR 03/17/2017

Electronic Signature of Signing Officer/Director Detail

Date

Date