Form 5500-SF	Short Form Annu	•	ort of Small Emplo	oyee	O	/B Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	This form is required to be fill	Benefit Pla		tiromont -	2	015		
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	This form is required to be filed under sections 104 and 4065 of the Employee Retirer Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Inter Revenue Code (the Code).						
Pension Benefit Guaranty Corporation	Complete all entries in		nstructions to the Form 55	00-SF.		Inspection		
Part IAnnual ReportFor calendar plan year 2015 or	t Identification Information		and ending 12	/31/2015				
<u> </u>	X a single-employer plan		er plan (not multiemployer)		ing this box	must attach a		
A This return/report is for:	a one-participant plan		g employer information in ac		-			
B This return/report is	the first return/report an amended return/report	☐ the final return/rep ☐ a short plan year r	ort eturn/report (less than 12 mo	onths)				
C Check box if filing under:	Form 5558	automatic extensi			FVC program	ı		
Dart II Dagia Dian Inf	special extension (enter desc	• •						
	ormation—enter all requested ir	formation		1b Three	diait			
1a Name of plan CDF CELEBRATION LLC 401(K) PROFIT SHARING PLAN & TRU	ST			umber	001		
				1c Effecti	ve date of pl			
	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0	D. Box)		2b Emplo	01/01/2 yer Identifica 30-072	tion Number		
	nce, country, and ZIP or foreign pos		instructions)	· · /	or's telepho 407-900-	ne number		
			-	2d Busine	ess code (se	e instructions)		
99 CELEBRATION PLACE ELEBRATION, FL 34747					624410			
3a Plan administrator's name	and address XSame as Plan Spon	sor.		3b Admin	istrator's EIN	I		
				3c Admin	istrator's tele	phone number		
4 If the name and/or EIN of t	he plan sponsor has changed since	the last return/report fil	ed for this plan, enter the	4b EIN				
	umber from the last return/report.			4C PN				
5a Total number of participan	ts at the beginning of the plan year.			5a		36		
	ts at the end of the plan year			5b		34		
	h account balances as of the end of		•	5c		3		
, ,	articipants at the beginning of the p		ľ	5d(1)		34		
	participants at the end of the plan ye	-	ľ	5d(2)		32		
e Number of participants that than 100% vested	at terminated employment during the	e plan year with accrue	d benefits that were less	5e		0		
Under penalties of perjury and	e or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, molete.	ctions, I declare that I h	ave examined this return/rep	ort, including	g, if applicab			
	d/valid electronic signature.	03/24/2016	DESMOND DEREK C	UMMINGS				
HERE Signature of plan	administrator	Date	Enter name of individu	al signing as	s plan admin	istrator		
SIGN HERE								
Signature of emp	loyer/plan sponsor name, if applicable) and address (i	Date nclude room or suite nu	Enter name of individu mber)		s employer o elephone nu			
For Paperwork Reduction Act Not	tice and OMB Control Numbers, see th	ne instructions for Form 5	500-SF.		Fo	rm 5500-SF (2015)		

b Are you dening a wave of the ansule examination and regord of an independent qualified public accountant (QPA) Image 20 FeBA section 40217 Image 20 FeBAA secti		Were all of the plan's assets during the plan year invested in eligib		· · · ·					X Yes	No	
C If the plan is a defined barefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Ives Not Not determined Part III Financial Information 7a 2408 2341 B Total plan nametis. 7a 2408 2341 b Total plan nametis. 7a 2408 2341 c Net plan assets (subtract time 7a) 7c 2406 2341 d Total plan nametis. 7c 2406 2341 d Contributions received or received in formation from fragments for this Plan Var (a) Amount (b) Total d Contributions received or received in formation from fragments for this Plan Var 6a(1) -66 (2) Participants. 6a(2) -66 -66 G Total income (add lines 8a1), 8a(2), 8a(3), and 8b) 8c -66 G Total income (add lines 8a1, 8a(2), 8a(3), and 8b) 8c -66 G Total income (add lines 8a1, 8a(3), 8a(3), and 8b) 8c -66 d Contributions calcel fields 8a1, 8a1, 8a2, 8a(3), and 8b 8a -66 g Other spreases. 6g -66 -66 g Other spreases. 6g -66 -66 g Totan Amount (add lines 8a1	D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and condit	ions.)		·····			X Yes	No	
Part III Financial Information (a) Beginning of Year (b) End of Year 7 Plan Assots and Liabilities 7a 2406 2241 b Total plan assots. 7a 2406 2241 b Total plan assots. 7a 2406 2241 c Not plan assots. 7a 2406 2241 b Total plan satisfies for this Plan Year (a) Amount (b) End of Year a Contributions received or receivable from: 7c 2406 2241 b Onters (including rotiovers) 8a(2)	~							_		- d	
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d Benefits paid (including direct rollovers and insurance premiums and provide benefits)						-65	_				
to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses (add lines 8d, 8e, 8f, and 8g) 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8i j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2 G 2 D 2 T 3D B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: 4 Yes 0 Was there a failure to transmit to the plan any participant contributions within the time period described in 20 CFR 2610.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions to be differed on ine 10a, 10a X c Was there a laine corrent or rolemburged by the plan's fidelity bond, that was caused by fidel of differed on ine 10a, 10a X c Was			8c				_		-65		
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exceptions to providing the notice applied under 29 CFR 2520.101-3	h		•		10h		Х				
Part VI Pension Funding Compliance	i	· · ·	•		10i						
Part VI Pension Funding Compliance	j	Did the plan trust incur unrelated business taxable income?			10i						
	Par	t VI Pension Funding Compliance			- ,			1			
5500) and line 11a below)	11	Is this a defined benefit plan subject to minimum funding requirem								No	

12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.
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11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.

Yes Х No

11a

Form 5500-SF 2015

Page **3 -** 1

					1		
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.		
b	Enter	the minimum required contribution for this plan year		12b			
-		the amount contributed by the employer to the plan for this plan year		12c			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d			
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII	Plan Terminations and Transfers of Assets					
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No	
		es," enter the amount of any plan assets that reverted to the employer this year		13a			
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou					
	of th	e PBGC?	-			Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to				
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information	-				
14a	Name	of trust		14b	Trusťs E	IN	
14c	Nam	e of trustee or custodian		14d		's or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is th	e plan a 401(k) plan?		Ye	es	No	
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	Yes No		
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No	
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable	
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No	
19	Were	in-service distributions made during the plan year?		Ye	es	No	
	lf "Y€	es," enter amount		19			
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A

Form 5500-SF	Short Form Annu	al Return/Report of Benefit Plan	f Small Emplo	yee	1	DMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be file	d under sections 104 and 406	5 of the Employee Rel	lirement		2015
Department of Labor Employee Benefits Security Administration	-	(ERISA), and sections 6057(b Revenue Code (the Code).				orm is Open to c inspection
Pension Benefit Guaranty Corporation		accordance with the instruct	tions to the Form 550	00-SF.		
	dentification Information					
For calendar plan year 2015 or fis		01/01/2015	and ending	trees to the second sec	31/201	
A This return/report is for:	x a single-employer plan	list of participating emplo	over information in acc	ordance with	h the form	instructions)
B This return/report is	the first return/report	the final return/report		de la		
	an amended return/report	a short plan year return/re	aport (less than 12 mo	nths)		
C Check box if filing under:	Form 5558	automatic extension			=VC progr	am
	special extension (enter desc	ription)				
Part II Basic Plan Info	rmation-enter all requested in	formation		Annese		
1a Name of plan				1b Three-		
CDF CELEBRATION LLC				plan n (PN)	umber	001
401(K) PROFIT SHARIN	G PLAN & TRUST		+	1c Effecti	,	
					1/201	
2a Plan sponsor's name (employ Mailing address (include room	n, apt., suite no, and street, or P.C	O. Box)			yer Identii 30-07:	ication Number 24172
City or town, state or province	e, country, and ZIP or foreign pos	tal code (if foreign, see instruc	tions)	In the second		hone number
CDF CELEBRATION LLC				(407	1) 900-	-7708
						see instructions)
599 Celebration Plac	e			6244	10	
	-	ET	34747			
Celebration	d address MSame as Plan Spon		34/4/	3b Admin	listrator's i	EIN
Sa Plan administrator's name ar	a address goaline as Flan Spol	1501,				
				JC Admin		elephone number
A west and the Pitt of the	e plan sponsor has changed since	the last return/report filed for	this plan enter the	4b EIN		
4 If the name and/or EIN of the name, EIN, and the plan null	mber from the last return/report.	e ule last return report nee for	and plan, enter the			
a Sponsor's name				4c PN		
5a Total number of participants	at the beginning of the plan year	************	*****	5a		31
	at the end of the plan year			5b		34
C Number of participants with	account balances as of the end o	f the plan year (defined benefi	t plans do not	5c		
	rticipants at the beginning of the p			5d(1)		3
	incipants at the end of the plan y			5d(2)	and the second secon	3.
G(Z) Total number of active pa	terminated employment during th	e olan year with accrued bene	fits that were less	5e		
than 100% wanted						i
Caution: A penalty for the late	or incomplete filing of this retu her penalties set forth in the instr	m/report will be assessed u	niess reasonable cau	ise is estab	lished.	cable a Schedule
SB or Schedule MB completed a belief, it is true, correct, and com	nd signed by an enrolled actuary,	as well as the electronic versi	on of this return/repor	t, and to the	best of m	y knowledge and
SIGN DE	L'écher	3/16/2016	DESMOND DEREN	CUMMIN	IGS	
HERE Signature of plan a	dmintetrator	Date	Enter name of individ	ual signing a	as plan ad	ministrator
		3/16/2011.	DESMOND DEREN	atterne and the second laws		dialana ang ang ang ang ang ang ang ang ang
SIGN HERE			and the second			
Signature of empli	oyer/plan sponsor) name, if applicable) and address i	Date '	Enter name of individ	Preparer's		
Preparer s name (including liniti	ание, и аррисалет вло воо взе н		,			
For Paperwork Reduction Act Noti	ce and OMB Control Numbers, see	the instructions for Form 5500-S	IF.	1		Form 5500-SF (2015) v. 150123

Form 5500-SF 2015

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Page	2
1 ugo	-

			୮୦୫୦ କ							
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and condit	ndent qualified public a ions.)	iccount	ant (IC	PA)			X Yes	No No
	If you answered "No" to either line 6a or line 6b, the plan cann									
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes [ot determi	ined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar	T		(b) End of	Year	
a	Total plan assets	7a			2,40	6		- 1 - f - ₁	Identification and the second second	2,341
	Total pian llabilities.	7b				0				
c	Net plan assets (subtract line 7b from line 7a).	7c			2,40	6			<i>e</i>	2,341
8	Income, Expenses, and Transfers for this Plan Year	I	(a) Amou	unt		1	*****************	(b) Tot	al	
a	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)		and the second						
	(3) Others (including rollovers)	8a(3)	and the second					*************************************	in photo-in-	
b	Other income (loss)	85			-6	5			40	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	Bc				-				-65
	Benefits paid (Including direct rollovers and insurance premiums to provide benefits)	8d				1				
e	Certain deemed and/or corrective distributions (see instructions)	8e		**********		+				
f	Administrative service providers (salaries, fees, commissions)	8f				1-				
g	Other expenses	8g				1			Hennessen and the second s	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				1				0
1	Net income (loss) (subtract line 8h from line 8c)	81	Sanite and the second se	446 Martin Andrew (199		1			Wentellen and an and a state of the	-65
J	Transfers to (from) the plan (see instructions)	Bí			iiteetiisi, sooltaasie	-		dir Managang pang pang pang pang pang pang pa		
Pa	t IV Plan Characteristics	1 3								
8	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2D 2T 3D If the plan provides welfare benefits, enter the applicable welfare f									
Par						r	r 1	Anne		
10	During the plan year:		N 6 3 1		Yes	No	N/A	A	mount	(international statements)
đ	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-1027 (See instructions and DOL's Program)	/oluntary F	Iduciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interest									
-	reported on line 10a.)			10b		X				
C	Was the plan covered by a fidelity bond?			10c	X				2	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		x				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		x		uuuuuuu uuu		
f				10f		x		-		
g				10g						
	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			X			HINGTON (1999)	
1	2520.101-3.). If 10h was answered "Yes," check the box if you either provided th	he require	d notice or one of the	10h		X				antiittenpuunna
<u> </u>	exceptions to providing the notice applied under 29 CFR 2520 10 Did the plan trust incur unrelated business taxable income?			10						
Part				10]	L	L	1			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ients? (if "	Yes," see instructions	and con	nplete	Sched	dule SB	(Form	∏ Yes	2 No.
11a	Enter the unpaid minimum required contribution for all years from									1 10

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

IT YOU C	ting the waiver. ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	17	Day		Year	
	the minimum required contribution for this plan year		125	T		
			12c			
d Subl	the amount contributed by the employer to the plan for this plan year	1-4 - 1 -	·		Million #44,000 0000000000000000000000000000000	
inega	uve amount)		12d			
e will	he minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No [N/A
Part VII	Plan Terminations and Transfers of Assets		A		-	
13a Has	a resolution to terminate the plan been adopted in any plan year?	*****]	∏ Ye	s K No	
If "Ye	es,* enter the amount of any plan assets that reverted to the employer this year		13a			*********
b Wer	al the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?			Γ	Yes 🕅	No
C II GUI	ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi a assets or liabilities were transferred. (See instructions.)	fy the plan(s) to)			
	Name of plan(s):	13c(2)	FIN(s)	T	13c(3)	DNI/e1
		(*)			130(3)	1.14(8)
and 1/111	Trend Information					
4a Name	Trust Information			-		
4a Nama	of trust		14b T	rust's ElN	1	
14c Name	of trustee or custodian		444	· · · ·		
				l rustee's elephone	or custod	ian's
					(internet)	
Part IX	IRS Compliance Questions		L			
15a le the	plan a 401(k) plan?					
		********] Yes		No	
15b If "Yes	," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and	ampiover		sign- sed safe		P/ACP
match	ing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		har	bor	tes	
15c If the /	DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cu	Irrent vear	Among	thod	<u> </u>	
resuit	inenou for nonnighty compensated employees (Treas, Registrions 1 401/k 2/a)/2/01/2 and 1 4	(m) + (m)	Yes		No	
	(ii))?			11 m		***
16a Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Bai per	lio centage		erage
6b Does t	he plan satisfy the coverage and nondiscrimination tests of sections 410/b) and 401/a/41 by com	- Iwina	tes	<u> </u>	Der	nefit tes
this pla	in with any other plans under the permissive aggregation rules?		Yes		No	
17a Has th	e plan been timely amended for all required tax law changes?	••••••	Yes	1		<u> </u>
17b Date for tax	the last plan amendment/restatement for the required tax law changes was adopted law changes and codes).	Enter the app	olicable o	code	(See ins	truction
7c If the p	an sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan y latter, enter the date of that favorable letter and the latter's serial nur	n that is subject	t to a fav	orable IR	S opinion	or
7d If the p determ	an is an individually-designed plan and received a favorable determination letter from the IRS, en ination letter	ter the date of t	ihe plan'	s last fav	orable	
8 Is the I made).	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) Amarican Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been slands)?	Yes		No	
	n-service distributions made during the plan year?					
			Yes		No	
0 Were n	enter amount		19			
- 110101	equired minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wh	ether or not	Yes		No	
retired	, as required under section 401(a)(9)?				U	