

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005467 (5)

1. Corporation Name

DISNEY VACATION CLUB AT VERO BEACH CONDOMINIUM ASSOCIATION, INC.



300001847763
-06/03/96--01034--007

***70.00

Principal Place of Business	Mailing Address
6751 FORUM DR SUITE 220 ORLANDO FL 32821	6751 FORUM DR SUITE 220 ORLANDO FL 32821

3. Date Incorporated or Qualified 11/01/1994	3a. Date of Last Report 08/16/1995
4. FEI Number 59-3325803	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> XX	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 200 Celebration Place	26 200 Celebration Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Celebration, FL	28 Celebration, FL
Zip	Country
24 34747	25 USA
29 34747	30 USA

9. Name and Address of Current Registered Agent

**IOPPOLO, FRANK S
1375 BUENA VISTA DRIVE
FOUR NORTH
LAKE BUENA VISTA FL 32830-1000**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MAY, KENNETH	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, KENNETH	1.2 NAME	May, Kenneth
STREET ADDRESS	6751 FORUM DR SUITE 220	1.3 STREET ADDRESS	200 Celebration Place
CITY-ST-ZIP	ORLANDO FL 32821	1.4 CITY-ST-ZIP	Celebration, FL 34747
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOATE, M. RICKLIFFE II	2.2 NAME	Choate, M. Rickliffe II
STREET ADDRESS	6751 FORUM DR SUITE 220	2.3 STREET ADDRESS	200 Celebration Place
CITY-ST-ZIP	ORLANDO FL 32821	2.4 CITY-ST-ZIP	Celebration, FL 34747
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELTZER, ILESE	3.2 NAME	Meltzer, Ilese
STREET ADDRESS	6751 FORUM DR SUITE 220	3.3 STREET ADDRESS	200 Celebration Place
CITY-ST-ZIP	ORLANDO FL 32821	3.4 CITY-ST-ZIP	Celebration, FL 34747
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CUMBEE, JAMES R	4.2 NAME	Ferraro, Elaine
STREET ADDRESS	6751 FORUM DR SUITE 220	4.3 STREET ADDRESS	200 Celebration Place
CITY-ST-ZIP	ORLANDO FL 32821	4.4 CITY-ST-ZIP	Celebration, FL 34747
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHEDER, THOMAS M	5.2 NAME	Katheder, Thomas M.
STREET ADDRESS	6751 FORUM DR SUITE 220	5.3 STREET ADDRESS	200 Celebration Place
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	Celebration, FL 34747
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Ernest, William
STREET ADDRESS		6.3 STREET ADDRESS	200 Celebration Place
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Celebration, FL 34747

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	Celebration, FL 34747

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Kenneth N. May** *[Signature]* **4/30/96** (407) 939-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)