

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90130 046 ****70.00

DOCUMENT # N94000005467

1. Entity Name

DISNEY VACATION CLUB AT VERO BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**200 CELEBRATION PLACE
 CELEBRATION FL 34747**

**200 CELEBRATION PLACE
 CELEBRATION FL 34747**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3325803

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Jeffrey H. Smith
 Street Address (P.O. Box Number is Not Acceptable)
1375 Buena Vista Drive
Four North
 City
Lake Buena Vista FL Zip Code
32830

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jeffrey H. Smith

4-08-02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	AGUEL, GEORGE	
STREET ADDRESS	1375 BUENA VISTA DR., SUITE 410	
CITY-ST-ZIP	LAKE BUENA VISTA FL 32830	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHULTZ, TERRI	
STREET ADDRESS	200 CELEBRATION PLACE	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	KATHEDER, THOMAS M	
STREET ADDRESS	200 CELEBRATION PLACE	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE	D	<input type="checkbox"/> Delete
NAME	NIEMAN, LEIGH A	
STREET ADDRESS	200 CELEBRATION PLACE	
CITY-ST-ZIP	CELEBRATION FL 34747	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGUEL, GEORGE	
STREET ADDRESS	200 CELEBRATION PLACE	
CITY-ST-ZIP	CELEBRATION, FL 34747	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHEDER, THOMAS M	
STREET ADDRESS	1375 BUENA VISTA DR., FOUR NORTH	
CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Leigh Anne Nieman, Assistant Secretary

SIGNATURE:

Leigh Anne Nieman
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/02
 Date

407-566-3000
 Daytime Phone #

CR2E037 (9/01)