


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90429 001 \*\*\*350.00

<b>DOCUMENT # N94000005467</b>					
<b>1. Entity Name</b> DISNEY VACATION CLUB AT VERO BEACH CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 200 CELEBRATION PLACE CELEBRATION, FL 34747		<b>Mailing Address</b> 200 CELEBRATION PLACE CELEBRATION, FL 34747			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 03252004 Chg-NP CR2E037 (10/03) 59-3325803	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SMITH, JEFFREY 1375 BUENA VISTA DRIVE FOUR NORTH LAKE BUENA VISTA, FL 32830-1000			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGUEL, GEORGE		NAME	James M. Lewis	
STREET ADDRESS	200 CELEBRATION PLACE		STREET ADDRESS	200 Celebration Place	
CITY-ST-ZIP	CELEBRATION, FL 34747		CITY-ST-ZIP	Celebration Florida 34747	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTZ, TERRI		NAME		
STREET ADDRESS	200 CELEBRATION PLACE		STREET ADDRESS		
CITY-ST-ZIP	CELEBRATION, FL 34747		CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATHEDER, THOMAS M		NAME		
STREET ADDRESS	1375 BUENA VISTA DRIVE, 4 NORTH		STREET ADDRESS		
CITY-ST-ZIP	LAKE BUENA VISTA, FL 32830		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIEMAN, LEIGH A		NAME		
STREET ADDRESS	200 CELEBRATION PLACE		STREET ADDRESS		
CITY-ST-ZIP	CELEBRATION, FL 34747		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.</b>					
<b>Disney Vacation Development, Inc.</b> SIGNATURE: <i>TERRI A. SCHULTZ</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/17/04 (407) 566-3000 <small>Date Daytime Phone #</small>		

TERRI A. SCHULTZ