

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012554

Entity Name: DISNEY'S ANIMAL KINGDOM VILLAS CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 02, 2022
Secretary of State
2268111852CC**Current Principal Place of Business:**215 CELEBRATION PLACE
SUITE 300
CELEBRATION, FL 34747**Current Mailing Address:**1851 COMMUNITY DRIVE
LAKE BUENA VISTA, FL 32830 US**FEI Number: 20-8013291****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CAPITOL CORPORATE SERVICES, INC.
515 EAST PARK AVENUE
2ND FL
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: DELANIE CASE****02/02/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** DIRECTOR & PRESIDENT
Name DIERCKSEN, WILLIAM
Address 215 CELEBRATION PLACE
SUITE 300
City-State-Zip: CELEBRATION FL 34747**Title** DIRECTOR & VICE PRESIDENT
Name SAKASKE, SHANNON
Address 215 CELEBRATION PLACE
SUITE 300
City-State-Zip: CELEBRATION FL 34747**Title** DIRECTOR, VICE PRESIDENT &
SECRETARY
Name CHANG, YVONNE
Address 215 CELEBRATION PLACE
SUITE 300
City-State-Zip: CELEBRATION FL 34747**Title** VICE PRESIDENT & TREASURER
Name HEALY, ELIZABETH
Address 215 CELEBRATION PLACE
SUITE 300
City-State-Zip: CELEBRATION FL 34747**Title** DIRECTOR, VICE PRESIDENT &
ASSISTANT SECRETARY
Name ARMOR, ALISON
Address 215 CELEBRATION PLACE
SUITE 300
City-State-Zip: CELEBRATION FL 34747**Title** VICE PRESIDENT & ASSISTANT
TREASURER
Name KEISER, KRISTINE
Address 215 CELEBRATION PLACE
SUITE 300
City-State-Zip: CELEBRATION FL 34747**Title** DIRECTOR
Name NIEMAN, LEIGH ANNE
Address 215 CELEBRATION PLACE
SUITE 300
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****02/02/2022**

Electronic Signature of Signing Officer/Director Detail

Date