2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000003901

Entity Name: ALI'I NUI VACATION OWNERS ASSOCIATION, INC.

FILED Feb 06, 2024 **Secretary of State** 4102583225CC

Current Principal Place of Business:

215 CELEBRATION PLACE

SUITE 300

CELEBRATION, FL 34747

Current Mailing Address:

ATTN: DVC REGULATORY AFFAIRS

1851 COMMUNITY DRIVE

LAKE BUENA VISTA, FL 32830 US

FEI Number: 27-2762799 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.

515 EAST PARK AVENUE

2ND FL

Address

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: MARY FINK 02/06/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **DIRECTOR & PRESIDENT** Title DIRECTOR & VICE PRESIDENT

Name DIERCKSEN, WILLIAM Name SAKASKE, SHANNON

215 CELEBRATION PLACE 215 CELEBRATION PLACE Address Address

SUITE 300 SUITE 300

City-State-Zip: CELEBRATION FL 34747 City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR, VICE PRESIDENT & Title VICE PRESIDENT & TREASURER

SECRETARY Name HILL, TYLANA

Name CHANG, YVONNE Address 215 CELEBRATION PLACE

215 CELEBRATION PLACE SUITE 300 SUITE 300

City-State-Zip: CELEBRATION FL 34747 City-State-Zip: CELEBRATION FL 34747

VICE PRESIDENT & ASSISTANT Title **DIRECTOR, VICE PRESIDENT &** Title

TREASURER ASSISTANT SECRETARY

Name RYAN, CRAIG Name ARMOR, ALISON

Address 215 CELEBRATION PLACE Address

215 CELEBRATION PLACE SUITE 300 SUITE 300

CELEBRATION FL 34747 City-State-Zip: City-State-Zip: CELEBRATION FL 34747

Title DIRECTOR

Name WHITTINGTON, STEVE

215 CELEBRATION PLACE Address

SUITE 300

CELEBRATION FL 34747 City-State-Zip:

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 02/06/2024