2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000005826

Entity Name: DISNEY'S POLYNESIAN VILLAS & BUNGALOWS

CONDOMINIUM ASSOCIATION, INC.

FILED Feb 02, 2022 **Secretary of State** 7670163725CC

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: 47-1160116 Certificate of Status Desired: No.

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC. 515 EAST PARK AVENUE 2ND FI

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

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

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

DIERCKSEN, WILLIAM Name SAKASKE, SHANNON Name

Address 215 CELEBRATION PLACE Address 215 CELEBRATION PLACE

> 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 HEALY, ELIZABETH Name CHANG, YVONNE

215 CELEBRATION PLACE Address Address

215 CELEBRATION PLACE SUITE 300 SUITE 300

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

Title VICE PRESIDENT & ASSISTANT Title

DIRECTOR, VICE PRESIDENT & **TREASURER** ASSISTANT SECRETARY

KEISER, KRISTINE Name Name ARMOR, ALISON

Address 215 CELEBRATION PLACE Address

215 CELEBRATION PLACE SUITE 300 SUITE 300

CELEBRATION FL 34747 City-State-Zip:

CELEBRATION FL 34747 City-State-Zip:

Name

Title DIRECTOR

215 CELEBRATION PLACE Address

NIEMAN, LEIGH ANNE

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.

02/02/2022 SIGNATURE: YVONNE CHANG DIRECTOR