

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000035543

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC6269843486**

**Entity Name:** DISNEY VACATION CLUB HAWAII MANAGEMENT COMPANY, LLC

**Current Principal Place of Business:**

1390 CELEBRATION BLVD.  
CELEBRATION, FL 34747

**Current Mailing Address:**

500 S BUENA VISTA ST  
BURBANK, CA 91521

**FEI Number:** 27-2432600

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRAIGMILE, JEFFREY S  
1375 BUNEA VISTA STREET, 4TH FLOOR NORTH  
LAKE BUENA VISTA, FL 32830 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title SOLE MEMBER  
Name DISNEY VACATION DEVELOPMENT, INC.  
Address 1390 CELEBRATION BLVD.  
City-State-Zip: CELEBRATION FL 34747

Title ASST TREASURER  
Name WALLS, ALISON  
Address 1390 CELEBRATION BLVD.  
City-State-Zip: CELEBRATION FL 34747

Title VICE PRESIDENT  
Name HAMILTON, ANNE  
Address 200 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title ASST. SECRETARY  
Name GIBBS, BRENT J  
Address 1375 E BUENA VISTA DRIVE  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title ASST. TREASURER  
Name PAULSEN, BRIAN  
Address 1390 CELEBRATION BLVD.  
City-State-Zip: CELEBRATION FL 34747

Title VP  
Name PARSONS, CRAIG  
Address 220 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title VP  
Name MILLS, ELLIOTT  
Address 92-1185 ALIINUI DRIVE  
City-State-Zip: KAPOLEI HI 96707

Title SVP  
Name VAHLE, JEFF  
Address 3401 EAST VISTA BOULEVARD  
City-State-Zip: LAKE BUENA VISTA FL 32830

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*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARSHA L REED

**SECRETARY**

**04/29/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title            PRESIDENT  
Name            HOLZ, KARL L  
Address         200 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title            ASST. SECRETARY  
Name            NIEMAN, LEIGH ANNE  
Address         1390 CELEBRATION BLVD.  
City-State-Zip: CELEBRATION FL 34747

Title            ASST. TREASURER  
Name            SALAMA, MICHAEL  
Address         500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

Title            VP  
Name            SISKIE, SHARON  
Address         220 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title            SVP  
Name            POTROCK, KENNETH M  
Address         1390 CELEBRATION BLVD.  
City-State-Zip: CELEBRATION FL 34747

Title            VP, SECRETARY  
Name            REED, MARSHA L  
Address         500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

Title            VP, TREASURER  
Name            SAKASKE, SHANNON  
Address         1390 CELEBRATION BLVD.  
City-State-Zip: CELEBRATION FL 34747

Title            ASST. SECRETARY  
Name            CHANG, YVONNE  
Address         1390 CELEBRATION BLVD.  
City-State-Zip: CELEBRATION FL 34747