

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000035543

Entity Name: DISNEY VACATION CLUB HAWAII MANAGEMENT COMPANY, LLC**FILED**
Apr 28, 2018
Secretary of State
CC2836119583**Current Principal Place of Business:**1390 CELEBRATION BLVD.
CELEBRATION, FL 34747**Current Mailing Address:**500 S BUENA VISTA ST
BURBANK, CA 91521 US**FEI Number: 27-2432600****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GIACALONE, MARGARET C
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 AUTHORIZED MEMBER
Name DISNEY VACATION DEVELOPMENT, INC.
Address 1390 CELEBRATION BLVD.
City-State-Zip: CELEBRATION FL 34747

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

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

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

Title ASST. TREASURER
Name WALLS, ALISON
Address 1390 CELEBRATION BLVD.
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 VP
Name PARSONS, CRAIG
Address 220 CELEBRATION PLACE
City-State-Zip: CELEBRATION FL 34747

Title PRESIDENT
Name VAHLE, JEFFREY N
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****04/28/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date

Authorized Person(s) Detail Continued :

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

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

Title TREASURER, VP
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

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