

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000150930

**Entity Name:** DISNEY VACATION CLUB MANAGEMENT, LLC**Current Principal Place of Business:**215 CELEBRATION PLACE  
CELEBRATION, FL 34747**Current Mailing Address:**500 S BUENA VISTA ST  
BURBANK, CA 91521 US**FEI Number:** 59-3039581**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GIACALONE, MARGARET C  
1375 E BUENA VISTA DR., 4TH FLOOR N  
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 ASST. SECRETARY  
Name SOLOMON, AARON H  
Address 1170 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 AUTHORIZED MEMBER  
Name DISNEY VACATION DEVELOPMENT,  
INC.  
Address 215 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

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

Title PRESIDENT  
Name MAZLOUM, THOMAS  
Address 1375 EAST BUENA VISTA DRIVE  
4TH FLOOR NORTH  
City-State-Zip: LAKE BUENA VISTA FL 32830

Title VP  
Name STOWELL, JOHN A  
Address 611 NORTH BRAND BLVD  
City-State-Zip: GLENDALE CA 91203

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

Title ASST. SECRETARY  
Name YOUNG, LEE R  
Address 215 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

**Continues on page 2**

*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: CHAKIRA H GAVAZZI****SECRETARY****04/30/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date

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

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

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

Title 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 ASST. TREASURER  
Name HEALY, ELIZABETH M  
Address 215 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title SECRETARY  
Name GAVAZZI, CHAKIRA H  
Address 500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

Title ASST. SECRETARY  
Name STEED, SHANNA L  
Address 500 S BUENA VISTA ST  
City-State-Zip: BURBANK CA 91521

Title TREASURER, VP  
Name SCHULTZ, TERRI A  
Address 1390 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

Title ASST. TREASURER  
Name GROSSMAN, DANIEL F  
Address 215 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747