

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90429 001 ***350.00

DOCUMENT # N02000001594					
1. Entity Name DISNEY'S BEACH CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 200 CELEBRATION PL CELEBRATION, FL 34747		Mailing Address 200 CELEBRATION PL CELEBRATION, FL 34747			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 03-0425980	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, JEFFREY J 1375 BUENA VISTA DR, 4TH FLOOR NORTH LAKE BUENA VISTA, FL 32830-1000			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME	DP AGUEL, GEORGE	<input checked="" type="checkbox"/> Delete	TITLE NAME	DP James H. Lewis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	200 CELEBRATION PL KISSIMMEE, FL 34747		STREET ADDRESS CITY-ST-ZIP	200 Celebration Place Celebration Florida 34747	
TITLE NAME	D NIEMAN, LEIGH ANNE	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	200 CELEBRATION PL KISSIMMEE, FL 34747		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	DVS KATHERED, THOMAS	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	200 CELEBRATION PL ORLANDO, FL 32830		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	T SCHULTZ, TERRI A	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	200 CELEBRATION PL KISSIMMEE, FL 34747		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
Disney Vacation Development, Inc.					
SIGNATURE: <i>TERRI A. SCHULTZ</i>			Date: 4/17/04		Daytime Phone #: (407) 566-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
TERRI A. SCHULTZ, Secretary					