

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 13, 2007
Secretary of State**

DOCUMENT# N02000001594

Entity Name: DISNEY'S BEACH CLUB VILLAS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

200 CELEBRATION PL
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

200 CELEBRATION PL
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 03-0425980 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, JEFFREY J
1375 BUENA VISTA DR, 4TH FLOOR NORTH
LAKE BUENA VISTA, FL 328301000 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LEWIS, JAMES M
Address: 200 CELEBRATION PL
City-St-Zip: KISSIMMEE, FL 34747

Title: D () Delete
Name: NIEMAN, LEIGH ANNE
Address: 200 CELEBRATION PL
City-St-Zip: KISSIMMEE, FL 34747

Title: DVS () Delete
Name: KATHEDER, THOMAS
Address: 200 CELEBRATION PL
City-St-Zip: ORLANDO, FL 32830

Title: T () Delete
Name: SCHULTZ, TERRI A
Address: 200 CELEBRATION PL
City-St-Zip: KISSIMMEE, FL 34747

Title: P () Delete
Name: WEISS, ALLEN R
Address: 1375 BUENA VISTA DR
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

Title: VP () Delete
Name: BISIENERE, MARIBETH N
Address: 1841 E. COMMUNITY DR
City-St-Zip: LAKE BUENA VISTA, FL 32830 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LEWIS, JAMES M
Address: 200 CELEBRATION PL
City-St-Zip: KISSIMMEE, FL 34747

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SMITH, LAWRENCE C
Address: 200 CELEBRATION PL
City-St-Zip: KISSIMMEE, FL 34747

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: COMPLIANCE ADM

ADM

03/13/2007

Electronic Signature of Signing Officer or Director

Date