


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90185 034 ****70.00

DOCUMENT # N02000001594

1. Entity Name
**DISNEY'S BEACH CLUB VILLAS CONDOMINIUM ASSOCIATI
ON, INC.**



Principal Place of Business: **200 CELEBRATION PL
CELEBRATION FL 34747**

Mailing Address: **200 CELEBRATION PL
CELEBRATION FL 34747**

2. Principal Place of Business: Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **03-0425980**

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**SMITH, JEFFREY J
1375 BUENA VISTA DR, 4TH FLOOR NORTH
LAKE BUENA VISTA FL 32830-1000**

7. Name and Address of New Registered Agent
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$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 STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Aguel, George <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 Celebration Place Celebration, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nieman, Leigh Anne <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 Celebration Place Celebration, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS Katherer, Thomas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1375 Buena Vista Drive, Four North Lake Buena Vista, FL 32830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Schultz, Terri A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 200 Celebration Place Celebration, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Terri A. Schultz **SIGNATURE REQUIRED** Terri A. Schultz, Treasurer 3/18/03 407-566-3345

CR2E037 (10/02)