

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # *N40896*

1. Corporation Name  
**DISNEY VACATION CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**6751 FORUM DRIVE SUITE 200 ORLANDO, FL 32821**

3. Date Incorporated or Qualified **11/20/90** 3a. Date of Last Report **4/19/95**

2. Principal Place of Business 2a. Mailing Address  
**21 200 CELEBRATION PLACE** **26 200 CELEBRATION PLACE**

4. FEI Number **59-3039578** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

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

22 City & State 27 City & State  
**23 CELEBRATION, FLORIDA** **28 CELEBRATION, FLORIDA**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 30 Country  
**34747 USA 34747 USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**IOPPOLO, FRANK S.** - *Name of (S)*  
**1375 BUENA VISTA DRIVE FOUR NORTH LAKE BUENA VISTA, FL 32830-1000**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **400001847764**  
**-06/03/96--01034--008**  
84 City **\*\*\*70.00** 85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>NUNIS, RICHARD A.</b>	
STREET ADDRESS	<b>1375 BUENA VISTA DR. 4N</b>	
CITY-ST-ZIP	<b>LAKE BUENA VISTA, FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>MAY, KENNETH N.</b>	
STREET ADDRESS	<b>6751 FORUM DR. DVC DEPT</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 32821</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ZEIGLER, RALPH E.</b>	
STREET ADDRESS	<b>6751 FORUM DR #220</b>	
CITY-ST-ZIP	<b>ORLANDO, FL</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>REED, MARSHA L.</b>	
STREET ADDRESS	<b>500 S BUENA VISTA</b>	
CITY-ST-ZIP	<b>BURBANK, CA</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>MELTZER, ILESE</b>	
STREET ADDRESS	<b>1375 BUENA VISTA DR 4N</b>	
CITY-ST-ZIP	<b>LAKE BUENA VISTA, FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>KATHEDER, THOMAS M.</b>	
STREET ADDRESS	<b>1375 BUENA VISTA DR.</b>	
CITY-ST-ZIP	<b>LAKE BUENA VISTA, FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
11 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	<b>NUNIS, RICHARD A.</b>		
13 STREET ADDRESS	<b>1375 BUENA VISTA DR. 4N</b>		
14 CITY-ST-ZIP	<b>LAKE BUENA VISTA, FL 32830</b>		
21 TITLE	<b>PD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	<b>MAY, KENNETH N.</b>		
23 STREET ADDRESS	<b>200 CELEBRATION PLACE</b>		
24 CITY-ST-ZIP	<b>CELEBRATION, FL 34747</b>		
31 TITLE	<b>T</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32 NAME	<b>FERRARO, ELAINE</b>		
33 STREET ADDRESS	<b>200 CELEBRATION PLACE</b>		
34 CITY-ST-ZIP	<b>CELEBRATION, FL 34747</b>		
41 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42 NAME	<b>CHOATE, M. RICKLIFFE, II</b>		
43 STREET ADDRESS	<b>1375 BUENA VISTA DR. 4N</b>		
44 CITY-ST-ZIP	<b>LAKE BUENA VISTA, FL 32830</b>		
51 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
52 NAME	<b>WARNER, FREDERICK</b>		
53 STREET ADDRESS	<b>200 CELEBRATION PLACE</b>		
54 CITY-ST-ZIP	<b>CELEBRATION, FL 34747</b>		
61 TITLE	<b>SD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
62 NAME	<b>KATHEDER, THOMAS M.</b>		
63 STREET ADDRESS	<b>1375 BUENA VISTA DR. 4N</b>		
64 CITY-ST-ZIP	<b>LAKE BUENA VISTA, FL 34747</b>		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address

SIGNATURE: *Kenneth N. May* Kenneth N. May

*4/30/96*

(407) 939-3000

CS 5/1/96

CR2E037 (12/95)