

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40896** (5)
1. Corporation Name
DISNEY VACATION CLUB CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business 200 CELEBRATION PLACE CELEBRATION FL 34747	Mailing Address 200 CELEBRATION PLACE CELEBRATION FL 34747
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3. Date Incorporated or Qualified 11/20/1990	
4. FEI Number 59-3039578	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**IOPPOLO, S FRANK
1375 BUENA VISTA DRIVE
FOUR NORTH
LAKE BUENA VISTA FL 32830-1000**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	FRANKEL, MITCHELL
STREET ADDRESS	200 CELEBRATION PLACE
CITY-ST-ZIP	CELEBRATION FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	QUIMET, MATTHEW A.
STREET ADDRESS	1375 BUENA VISTA DRIVE, 4N
CITY-ST-ZIP	LAKE BUENA VISTA FL
TITLE	T <input type="checkbox"/> DELETE
NAME	GIBBS, MATTHEW T II
STREET ADDRESS	200 CELEBRATION PLACE
CITY-ST-ZIP	CELEBRATION FL
TITLE	AS <input type="checkbox"/> DELETE
NAME	REED, MARSHA L.
STREET ADDRESS	500 S BUENA VISTA
CITY-ST-ZIP	BURBANK CA
TITLE	ASD <input type="checkbox"/> DELETE
NAME	MELTZER, ILESE S.
STREET ADDRESS	1375 BUENA VISTA DR 4N
CITY-ST-ZIP	LAKE BUENA VISTA FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	KATHERED, THOMAS M
STREET ADDRESS	1375 BUENA VISTA DR. 4N
CITY-ST-ZIP	LAKE BUENA VISTA FL 34747

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DEVRIES, ROBERT
1.3 STREET ADDRESS	200 CELEBRATION PLACE
1.4 CITY-ST-ZIP	CELEBRATION, FL 34747
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: **Matthew T. Gibbs II** *Matthew T. Gibbs II* 1/24/98 407-566-3000

CR2E037 (10/97)