
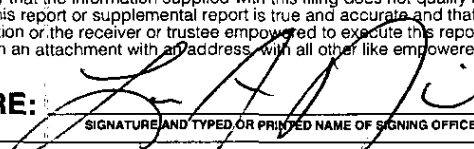


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 MAY 26 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N40896 1. Entity Name DISNEY VACATION CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 200 CELEBRATION PLACE CELEBRATION, FL 34747		Mailing Address 200 CELEBRATION PLACE CELEBRATION, FL 34747			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
4. FEI Number 59-3039578				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SMITH, JEFFREY H 1375 BUENA VISTA DRIVE FOUR 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 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 STREET ADDRESS CITY-ST-ZIP	DAS NIEMAN, LEIGH ANNE 200 CELEBRATION PLACE CELEBRATION, FL 34747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AGUEL, GEORGE 200 CELEBRATION PLACE CELEBRATION, FL 34747	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS KATHEDER, THOMAS M 1375 BUENA VISTA DR, FOUR NORTH LAKE BUENA VISTA, FL 32830	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS REED, MARSHA L. 500 S BUENA VISTA BURBANK, CA	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNLEY, RICK 200 CELEBRATION PLACE CELEBRATION, FL 34747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEDENIN, DOTTIE 200 CELEBRATION PLACE CELEBRATION, FL 34747	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP James M. Lewis 200 Celebration Place Celebration Florida 34747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Schultz, Terri 200 Celebration Place Celebration Florida 34747	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ted Watson 200 Celebration Place Celebration Florida 34747	<input type="checkbox"/> Change <input checked="" 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.					
SIGNATURE: 				Date 5/24/2004 Daytime Phone # (407) 566-3000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Leigh Anne Nieman					



04/30/04 90429 001 \$350.00
03182003 Chg-NP CR2E037 (10/03)