

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 10, 2006  
Secretary of State**

DOCUMENT# N40896

Entity Name: DISNEY VACATION CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

200 CELEBRATION PLACE  
CELEBRATION, FL 34747

**New Principal Place of Business:**

**Current Mailing Address:**

200 CELEBRATION PLACE  
CELEBRATION, FL 34747

**New Mailing Address:**

FEI Number: 59-3039578      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SMITH, JEFFREY H  
1375 BUENA VISTA DRIVE  
FOUR 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: DAS ( ) Delete  
Name: NIEMAN, LEIGH ANNE  
Address: 200 CELEBRATION PLACE  
City-St-Zip: CELEBRATION, FL 34747

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

Title: DVS ( ) Delete  
Name: KATHEDER, THOMAS M  
Address: 1375 BUENA VISTA DR, FOUR NORTH  
City-St-Zip: LAKE BUENA VISTA, FL 32830

Title: AS ( ) Delete  
Name: REED, MARSHA L  
Address: 500 S BUENA VISTA  
City-St-Zip: BURBANK, CA

Title: D ( ) Delete  
Name: BURNLEY, RICK  
Address: 200 CELEBRATION PLACE  
City-St-Zip: CELEBRATION, FL 34747

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: WENDEL LUMER

ADM

04/10/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date