

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40896

FILED
Mar 23, 2009
Secretary of State

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 ()

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: MCGOWAN, JOHN
Address: 1375 BUENA VISTA DR, FOUR NORTH
City-St-Zip: LAKE BUENA VISTA, FL 32830

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

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

Title: T () Delete
Name: SMITH, LAWRENCE
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 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: KAREN GRIP

SCA

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date