

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000002696

**Entity Name:** STORYLIVING BY DISNEY CLUB, INC.**Current Principal Place of Business:**1375 BUENA VISTA DRIVE  
4TH FL N  
LAKE BUENA VISTA, FL 32830**Current Mailing Address:**500 SOUTH BUENA VISTA ST.  
BURBANK, CA 91521 US**FEI Number:** 88-2033603**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US*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

**Officer/Director Detail :**

Title ASST. SECRETARY  
Name SOLOMON, AARON H  
Address 1170 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

Title TREASURER  
Name GOMEZ, CARLOS A  
Address 500 SOUTH BUENA VISTA ST.  
City-State-Zip: BURBANK CA 91521

Title DIRECTOR, SECRETARY  
Name GAVAZZI, CHAKIRA H  
Address 500 SOUTH BUENA VISTA ST.  
City-State-Zip: BURBANK CA 91521

Title DIRECTOR, PRESIDENT  
Name BILBY, CLAIRE L  
Address 220 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title ASST. TREASURER  
Name GROSSMAN, DANIEL F  
Address 500 SOUTH BUENA VISTA ST.  
City-State-Zip: BURBANK CA 91521

Title VP  
Name MCGUIRE, DOUGLAS S  
Address 210 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title VP  
Name STOWELL, JOHN A  
Address 500 SOUTH BUENA VISTA ST.  
City-State-Zip: BURBANK CA 91521

Title ASST. SECRETARY  
Name YOUNG, LEE R  
Address 1170 CELEBRATION BLVD  
City-State-Zip: CELEBRATION FL 34747

**Continues on page 2**

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHAKIRA H GAVAZZI**SECRETARY****04/24/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name SALAMA, MICHAEL  
Address 500 SOUTH BUENA VISTA ST.  
City-State-Zip: BURBANK CA 91521

Title DIRECTOR  
Name WILSON, TRACY L  
Address 210 CELEBRATION PLACE  
City-State-Zip: CELEBRATION FL 34747

Title ASST. SECRETARY  
Name STEED, SHANNA L  
Address 640 PAULA AVE  
City-State-Zip: GLENDALE CA 91201