

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000009582

**FILED**  
**Feb 14, 2024**  
**Secretary of State**  
**4631413755CC**

**Entity Name:** REUNION CLUB PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1631 E. VINE STREET  
SUITE 300  
KISSIMMEE , FL 34744

**Current Mailing Address:**

C/O ARTEMIS LIFESTYLE SERVICES, INC.  
1631 E. VINE STREET SUITE 300  
KISSIMMEE, FL 34744 US

**FEI Number:** 93-4087247

**Certificate of Status Desired:** No

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

ARTEMIS LIFESTYLE SERVICES, INC.  
1631 E. VINE STREET  
SUITE 300  
KISSIMMEE , FL 34744 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:** DOMINGO SANCHEZ

02/14/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DVP  
Name HARRIS, CRAIG  
Address 1631 E. VINE STREET  
SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

Title DVP  
Name GRESPO, AMBAR  
Address 1631 E. VINE STREET  
SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

Title DIST  
Name HARTMAN, PHIL  
Address 1631 E. VINE STREET  
SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

Title D  
Name DOTSON, MELISSA  
Address 1631 E. VINE STREET  
SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

Title D  
Name BENITEZ, ANTHONY  
Address 1631 E. VINE STREET  
SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

Title D  
Name MITCHELL, MATTHEW  
Address 1631 E. VINE STREET  
SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

Title D  
Name DO, ALEX LION  
Address 1631 E. VINE STREET  
SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

Title D  
Name BONE, CHRIS  
Address 1631 E. VINE STREET  
SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

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

**SIGNATURE:** CRAIG HARRIS

PRESIDENT

02/14/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	D
Name	MULHALL, MIKE
Address	1631 E. VINE STREET SUITE 300
City-State-Zip:	KISSIMMEE FL 34744