

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N02000000274

1. Entity Name
REUNION RESORT & CLUB OF ORLANDO MASTER
ASSOCIATION, INC.



Principal Place of Business
31 Lupi Court, Suite 230
Palm Coast, FL 32137

Mailing Address
31 Lupi Court, Suite 230
Palm Coast, FL 32137

FILED
08 NOV 10 PM 1:56
CLERK OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10302008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
03-0434245

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GINN PROPERTY MANAGEMET
31 LUPU CT SUITE 230
PALM COAST, FL 32137

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

Melissa Shane

10-31-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 PD
NAME SHANE, MELISSA
STREET ADDRESS 31 LUPU CT SUITE 150
CITY-ST-ZIP PALM COAST, FL 32137 ☐ Delete

TITLE P
NAME William Tschetter
STREET ADDRESS 215 Celebration Place, Suite 200
CITY-ST-ZIP Celebration, FL 34747 ☒ Change ☐ Addition

TITLE VD
NAME HARDIMAN, CHARLIE
STREET ADDRESS 1000 REUNION WAY
CITY-ST-ZIP REUNION, FL 34747 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500137794625
11/10/08--01066--016 **61.25 ☐ Change ☐ Addition

TITLE STD
NAME GEORGE, SHAWN
STREET ADDRESS 31 LUPU CT SUITE 150
CITY-ST-ZIP PALM COAST, FL 32137 ☐ Delete

TITLE S/T
NAME David Hood
STREET ADDRESS 1000 Reunion Way
CITY-ST-ZIP Reunion, FL 34747 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Melissa Shane*

10-31-08

386 246 5747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #