

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000274

FILED
Jan 07, 2009
Secretary of State

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

Current Principal Place of Business:

31 LUPI COURT SUITE 230
PALM COAST, FL 32137

New Principal Place of Business:

31 LUPI COURT
230
PALM COAST, FL 32137

Current Mailing Address:

31 LUPI COURT SUITE 230
PALM COAST, FL 32137

New Mailing Address:

31 LUPI COURT
230
PALM COAST, FL 32137

FEI Number: 03-0434245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GINN PROPERTY MANAGEMET
31 LUPI COURT
230
PALM COAST, FL 32137 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: MELISSA SHANE

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TSCHETTER, WILLIAM
Address: 215 CELEBRATION PLACE, SUITE 200
City-St-Zip: CELEBRATION, FL 34747

Title: VD () Delete
Name: HARDIMAN, CHARLIE
Address: 1000 REUNION WAY
City-St-Zip: REUNION, FL 34747

Title: ST () Delete
Name: HOOD, DAVID
Address: 1000 REUNION WAY
City-St-Zip: REUNION, 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:

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: MELISSA SHANE

VP

01/07/2009

Electronic Signature of Signing Officer or Director

Date