

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000274

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

8390 CHAMPIONSGATE BLVD.  
SUITE 304  
CHAMPIONSGATE, FL 33896

**New Principal Place of Business:**

**Current Mailing Address:**

8390 CHAMPIONSGATE BLVD.  
SUITE 304  
CHAMPIONSGATE, FL 33896

**New Mailing Address:**

**FEI Number:** 03-0434245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AEGIS COMMUNITY MANAGEMENT SOLUTIONS, INC  
8390 CHAMPIONSGATE BLVD.  
SUITE 304  
CHAMPIONSGATE, FL 33896 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: PRES  
Name: SEARLES, MIKE  
Address: 8390 CHAMPIONSGATE BLVD., SUITE 304  
City-St-Zip: CHAMPIONSGATE, FL 33896 US

Title: VP  
Name: ARNOLD, BRIAN  
Address: 8390 CHAMPIONSGATE BLVD., SUITE 304  
City-St-Zip: CHAMPIONSGATE, FL 33896 US

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: MIKE SEARLES

PRES

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date