

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**

DOCUMENT# N06000007665

**Apr 13, 2009
Secretary of State****Entity Name:** THE VILLAS AT REUNION SQUARE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**31 LUPI COURT
SUITE 230
PALM COAST, FL 32137**New Principal Place of Business:**1 HAMMOCK BEACH PKWY
PALM COAST, FL 32137**Current Mailing Address:**31 LUPI COURT
SUITE 230
PALM COAST, FL 32137**New Mailing Address:**1 HAMMOCK BEACH PKWY
PALM COAST, FL 32137

FEI Number: 20-1480843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:GINN PROPERTY MANAGEMENT, LLC
MELISSA SHANE
31 LUPI COURT, STE 230
PALM COAST, FL 32137 US**Name and Address of New Registered Agent:**GINN PROPERTY MANAGEMENT, LLC
MELISSA SHANE
1 HAMMOCK BEACH PKWY
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

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: HARDIMAN, CHARLIE
Address: 31 LUPI COURT, SUITE 230
City-St-Zip: PALM COAST, FL 32137Title: V () Delete
Name: HOOD, DAVID
Address: 31 LUPI COURT, SUITE 230
City-St-Zip: PALM COAST, FL 32137Title: ST () Delete
Name: CLAUSEN, CHRIS
Address: 31 LUPI COURT, SUITE 230
City-St-Zip: PALM COAST, FL 32137Title: D () Delete
Name: MILLER, KENT
Address: 31 LUPI COURT, SUITE 230
City-St-Zip: PALM COAST, FL 32137Title: P (X) Change () Addition
Name: HARDIMAN, CHARLIE
Address: 1000 REUNION WAY
City-St-Zip: REUNION, FL 34747Title: VP (X) Change () Addition
Name: HOOD, DAVID
Address: 1000 REUNION WAY
City-St-Zip: REUNION, FL 34747Title: S/T (X) Change () Addition
Name: CLAUSEN, CHRIS
Address: 333 ROUTE 25A, SUITE 150
City-St-Zip: ROCKY POINT, NY 11778Title: D (X) Change () Addition
Name: MILLER, KENT
Address: 695 OAKHAVEN RD
City-St-Zip: ROSWELL, GA 30075

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: CHARLIE HARDIMAN

P

04/13/2009

Electronic Signature of Signing Officer or Director

Date