

N06000007665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

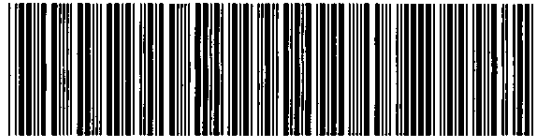
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600160814936

RA
Change

09/23/09--01009--011 **35.00

FILED
2009 SEP 23 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AsR
9/25/09

Community

Villas

Expense Code

70854

Date

Mgr Inits

03

COVER LETTER

TO: Amendment Section
Division of Corporations



\$35.00
POSTAGE
9/15/09 AX

SUBJECT The Villas at Reunion Square Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N06000007665

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SUSAN DURAND

Name of Contact Person

AEGIS COMMUNITY MANAGEMENT SOLUTIONS, INC.
Firm/Company

8390 CHAMPIONSGATE BLVD., SUITE 304
Address

CHAMPIONSGATE, FL 33896
City/State and Zip Code

sdurand@aegisems.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUSAN DURAND

Name of Contact Person

at (863) 256-5052
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Villas at Reunion Square Condominium Association, Inc.
2. The principal office address: 8390 Championsgate Blvd., Suite 304
Championsgate, FL 33896

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 07/19/2006 Document number: N06000007665

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

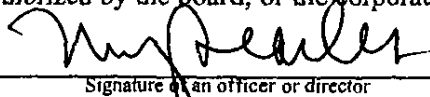
Ginn Property Management
1 Hammock Beach Pkwy.
Palm Coast, FL 32137

2009 SEP 23 AM 10:53
FILED
TALLAHASSEE
SECRETARY OF STATE

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
AEgis Community Management Solutions, Inc.
8390 Championsgate Blvd., Suite 304
P.O. Box NOT acceptable
Championsgate, FL 33896

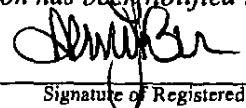
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Mike Seorles
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

9-14-09
Date

If signing on behalf of an entity:

Typed or Printed Name