



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000011350 1. Entity Name REUNION GRANDE CONDOMINIUM ASSOCIATION, INC.						07 APR 13 AM 10:06 DEPT. OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 31 Lupi Court, Suite 230 Palm Coast, FL 32137				Mailing Address 31 Lupi Court, Suite 230 Palm Coast, FL 32137			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		 03/29/07 90016 018 \$61.25 04112007 Chg-NP CR2E037 (12/06)			
4. FEI Number 20-8313893				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent A.G.C. CO. 200 S. ORANGE AVE., STE. 2300 ORLANDO, FL 32801			
7. Name and Address of New Registered Agent Name GIND PROPERTY MANAGEMENT, LLC Street Address (P.O. Box Number is Not Acceptable) MELISSA SHANE City 31 Lupi Court, Suite 230 FL Zip Code Palm Coast, FL 32137				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 <u>Melissa Shane</u> DATE <u>4-11-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
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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: <u>Melissa Shane</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>4-11-07</u> Daytime Phone # <u>386 246 5747</u>			

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