

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90374 025 ****61.25

DOCUMENT # 762983

1. Entity Name
REFLECTIONS ON THE RIVER ASSOCIATION, INC.



Principal Place of Business
**6240 E. MIRROR LAKE DRIVE
SEBASTIAN, FL 32958**

Mailing Address
**C/O VISTA PROPERTIES MANAGEMENT, INC.
100 VISTA ROYALE BLVD
VERO BEACH, FL 32962 US**

40074438



01132006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2453700

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARKHAM, ROBERT
616 N MIRROR LAKE DR
SEBASTIAN, FL 32958**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
VD	COOKE, TOM	6155 S MIRROR LAKE DR #206	SEBASTIAN, FL 32958	<input type="checkbox"/>
PD	MARKHAM, ROBERT	616 N MIRROR LAKE DR	SEBASTIAN, FL 32958	<input checked="" type="checkbox"/>
D	MINARD-SCHWAB, MAUREEN	6240 E MIRROR LAKE DR #305	SEBASTIAN, FL 32958	<input type="checkbox"/>
D	CAIN, GRAHAM J	6240 E MIRROR LAKE DR #102	SEBASTIAN, FL 32958	<input checked="" type="checkbox"/>
TD	STETLER, LARRY	6155 S MIRROR LAKE DR # 308	SEBASTIAN, FL 32958	<input type="checkbox"/>
SD	DEMEO, MARIE	6238 MIRROR LAKE CT	SEBASTIAN, FL 32958	<input checked="" type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	COOKE, TOM	6155 S. MIRROR LAKE DR # 206	SEBASTIAN FL 32958	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	WILLIAMS, JIM	6155 S. MIRROR LAKE DR # 207	SEBASTIAN FL 32958	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP	MINARD-SCHWAB, MAUREEN	6240 E. MIRROR LAKE DR # 305	SEBASTIAN FL 32958	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	MARKHAM, ROBERT	6201 S. MIRROR LAKE DR	SEBASTIAN FL 32958	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	LAITENEN, HELEN	6175 S. MIRROR LAKE DR # 107	SEBASTIAN FL 32958	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	KEITH, PHYLLIS	6200 MIRROR LAKE CT	SEBASTIAN FL 32958	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-06