
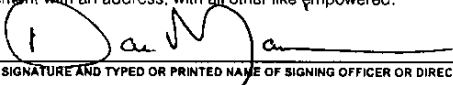


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90364 022 ****61.25

DOCUMENT # N02000004363					
1. Entity Name REFLECTIONS OF HILLSBOROUGH ASSOCIATION, INC.					
Principal Place of Business 4131 GUNN HWY TAMPA, FL 33618		Mailing Address 4131 GUNN HWY 4121 GUNN HIGHWAY TAMPA, FL 33618			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 54-2100053	Applied For Not Applicable
6. Name and Address of Current Registered Agent FRISCIA, FRANK 500 N. WEST SHORE, SUITE 830 TAMPA, FL 34677				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent				01302007 Chg-NP CR2E037 (12/06)	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	P BROCKUS, PATRICK <input checked="" type="checkbox"/> Delete	TITLE NAME	PD Dan Morrison <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	5003 MIRROR RIDGE COURT	STREET ADDRESS	5005 Mirror Ridge Ct		
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	Lutz, FL 33558		
TITLE NAME	D FERGUSON, LEE <input checked="" type="checkbox"/> Delete	TITLE NAME	VPD Marcos Figueroa <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	17903 HAVEN VIEW LANE	STREET ADDRESS	18208 Tivoli Lane		
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	Odessa, FL 33558		
TITLE NAME	D RADO, JENNIFER <input type="checkbox"/> Delete	TITLE NAME	SD Jennifer Rado <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	18201 PARASOL WAY	STREET ADDRESS	18201 Parasol Way		
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	Lutz, FL 33558		
TITLE NAME	VP MORRISON, DAN <input type="checkbox"/> Delete	TITLE NAME	D Brian Davidson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	5005 MIRROR RIDGE COURT	STREET ADDRESS	5015 Bridgeway Lane		
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP	Odessa, FL 33558		
TITLE NAME	T SARDEGNA, JACK <input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	5008 MIRROR RIDGE	STREET ADDRESS			
CITY-ST-ZIP	LUTZ, FL 33558	CITY-ST-ZIP			
TITLE NAME		TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 			2-8-07 813.926.8500		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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