


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90314 048 ****61.25

DOCUMENT # N02000005805

1. Entity Name
REFLECTIONS WEST HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4110 S FLORIDA AVE.
 STE. 200
 LAKELAND, FL 33813**

Mailing Address
**4110 S FLORIDA AVE.
 STE. 200
 LAKELAND, FL 33813**

00024853



2. Principal Place of Business
3020 S FLORIDA

Suite, Apt. #, etc.
Suite 101

City & State
Lakeland FL

Zip
33803

Country
USA

3. Mailing Address
3020 S Florida

Suite, Apt. #, etc.
Suite 101

City & State
Lakeland FL

Zip
33803

Country
USA

01182005 Chg-NP CR2E037 (10/03)

4. FEI Number
56-2297232

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**STEPHENSON, JAMES F JR.
 4317 PINFISH LN
 PALMETTO, FL 34221**

7. Name and Address of New Registered Agent

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005

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	PST	<input type="checkbox"/> Delete
NAME	STEPHENSON, JAMES F JR.	
STREET ADDRESS	PO BOX 1660	
CITY-ST-ZIP	PALMETTO, FL 34220	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOYNER, CAROL	
STREET ADDRESS	2536 70TH AVE SE	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712	
TITLE	D	<input type="checkbox"/> Delete
NAME	PESSINA, LISA S	
STREET ADDRESS	4349 POMPANI LN	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	V	<input type="checkbox"/> Delete
NAME	ADAMS, D. JOEL	
STREET ADDRESS	4110 S FLORIDA AVE., STE. 200	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**3020 S Florida, Ste 101
 Lakeland, FL 33803**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

D. JOEL ADAMS, Vice Pres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/18/05 (803) 619-7103** Daytime Phone #