

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005805

FILED  
Feb 09, 2010  
Secretary of State

**Entity Name:** REFLECTIONS WEST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

121 RAINTREE CT  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

8390 CHAMPIONSGATE BLVD.  
SUITE 304  
CHAMPIONSGATE, FL 33896 US

**Current Mailing Address:**

PO BOX 95  
AUBURNDALE, FL 33823

**New Mailing Address:**

8390 CHAMPIONSGATE BLVD.  
SUITE 304  
CHAMPIONSGATE, FL 33896 US

FEI Number: 56-2297232

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURMAN, DAVID L  
121 RAINTREE CT  
AUBURNDALE, FL 33823 US

**Name and Address of New Registered Agent:**

AEGIS COMMUNITY MANAGEMENT SOLUTIONS, INC.  
8390 CHAMPIONSGATE BLVD.  
SUITE 304  
CHAMPIONSGATE, FL 33896 US

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.

SIGNATURE: DAVID BURMAN

02/09/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: WHITT, JERROLD R  
Address: 8390 CHAMPIONSGATE BLVD., SUITE 304  
City-St-Zip: CHAMPIONSGATE, FL 33896 US

Title: S  
Name: DAWN, WILD  
Address: 8390 CHAMPIONSGATE BLVD., SUITE 304  
City-St-Zip: CHAMPIONSGATE, FL 33896 US

Title: T  
Name: PHILLIPS, KATERINA  
Address: 8390 CHAMPIONSGATE BLVD., SUITE 304  
City-St-Zip: CHAMPIONSGATE, FL 33896 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID BURMAN

AGNT

02/09/2010

Electronic Signature of Signing Officer or Director

Date