

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 19, 2000 8:00 am**  
**Secretary of State**

09-19-2000 90146 027 \*\*\*\*61.25

**DOCUMENT # N97000005784**

1. Entity Name  
**REFLECTIONS HOMEOWNERS ASSOCIATION OF PERDIDO KE**

Principal Place of Business  
 226 S. PALAFOX  
 PENSACOLA FL 32501

Mailing Address  
 226 S. PALAFOX  
 PENSACOLA FL 32501

00101155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**59-3488380**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SHELL, STEPHEN B**  
 226 S. PALAFOX  
 PENSACOLA FL 32501

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>TRAWICK, STEPHEN C</b>      |                                 |
| STREET ADDRESS | <b>1100 AIRPORT BLVD.</b>      |                                 |
| CITY-ST-ZIP    | <b>PENSACOLA FL 32504</b>      |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>TRAWICK, JOHN B</b>         |                                 |
| STREET ADDRESS | <b>226 S. PALAFOX</b>          |                                 |
| CITY-ST-ZIP    | <b>PENSACOLA FL 32501</b>      |                                 |
| TITLE          | <b>D</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>WARD, RONALD</b>            |                                 |
| STREET ADDRESS | <b>1352 STERLING POINT DR.</b> |                                 |
| CITY-ST-ZIP    | <b>GULF BREEZE FL 32561</b>    |                                 |
| 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          | <b>P</b>                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Michelle Pietre Deota</b> |   |
| STREET ADDRESS | <b>91 Andrews Ave.</b>       |   |
| CITY-ST-ZIP    | <b>Key West FL</b>           |   |
| TITLE          | <b>VP</b>                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>MAGDA Pietri Vick</b>     |   |
| STREET ADDRESS | <b>1244 PARSON PL.</b>       |   |
| CITY-ST-ZIP    | <b>PENSACOLA FL.</b>         |   |
| TITLE          | <b>T. Guy Modica</b>         | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>12812 COURSEY BLVD.</b>   |   |
| STREET ADDRESS | <b>BATON ROUGE LA 70816</b>  |   |
| CITY-ST-ZIP    |                              |   |
| TITLE          | <b>D</b>                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Bryan Pietri</b>          |   |
| STREET ADDRESS | <b>#1405 CLEARING BLVD.</b>  |   |
| CITY-ST-ZIP    | <b>PLANTATION FL</b>         |   |
| 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    |                              |   |

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: **SIGNATURE REQUIRED** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E037 (5/00)