

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

000786

DOCUMENT # N97000005784

1. Entity Name

REFLECTIONS HOMEOWNERS ASSOCIATION OF PERDIDO KEY, INC.

04-10-2002 90451 036 ****61.25

Principal Place of Business Mailing Address
 7251 LAFITTE REEF PO BOX 34403
 PERDIDO KEY FL 32507 PENSACOLA FL 32507



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3488380 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

THOMPSON, MICHELLE
7261 LAFITTE REEF
PERDIDO KEY FL 32507

Name **CHARLES VICK**
 Street Address (P.O. Box Number is Not Acceptable)
1244 PARASOL PLACE
 City **PENSACOLA** FL Zip Code **32507**

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 **CHARLES VICK** DATE **3-29-02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, MICHELLE	
STREET ADDRESS	7251 LAFITTE REEF	
CITY-ST-ZIP	PERDIDO KEY FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, FRAN	
STREET ADDRESS	7251 LAFITTE REEF	
CITY-ST-ZIP	PERDIDO KEY FL 32507	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELLONE, CHRISTOPHER	
STREET ADDRESS	5230 COLISEUM STREET	
CITY-ST-ZIP	NEW ORLEANS LA 70115	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT + D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOREL, ROBERT	
STREET ADDRESS	12406 MEADOWS RD.	
CITY-ST-ZIP	PENSACOLA, FL 32506	
TITLE	VEP- PRESIDENT + D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PIETRI, MICHELLE	
STREET ADDRESS	71 ANDRIOUS AVE.	
CITY-ST-ZIP	KENNER, LA 70065	
TITLE	TREASURER + D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICK, CHARLES	
STREET ADDRESS	1244 PARASOL PLACE	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANESS, LORRAINE	
STREET ADDRESS	7011 COUNTRY ST.	
CITY-ST-ZIP	NEW ORLEANS, LA 70126	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MODICA, GUY	
STREET ADDRESS	19623 CREEK ROUND AVE.	
CITY-ST-ZIP	BAFON ROUGE, LA 70817	
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: **ROBERT T. SOREL** DATE **3-29-02** DAYTIME PHONE # **850 492-0311**

CR2E037 (9/01)