

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # N97000005784**

1. Entity Name

**REFLECTIONS HOMEOWNERS ASSOCIATION OF PERDIDO KEY, INC.**

Principal Place of Business

Mailing Address

**7251 LAFITTE REEF  
 PERDIDO KEY FL 32507**

**PO BOX 34403  
 PENSACOLA FL 32507**

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

**59-3488380**

Applied For

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** *[Signature]* **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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> Delete	<b>D</b>	<b>THOMPSON, MICHELLE</b>	<b>7251 LAFITTE REEF PERDIDO KEY FL 32507</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>PRESIDENT + D</b>	<b>SOREL, ROBERT</b>	<b>12406 MEADOWS RD. PENSACOLA, FL 32506</b>
<input checked="" type="checkbox"/> Delete	<b>D</b>	<b>THOMPSON, FRAN</b>	<b>7251 LAFITTE REEF PERDIDO KEY FL 32507</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>VICE-PRESIDENT + D</b>	<b>PIETRE, MICHELLE</b>	<b>71 ANDRUS AVE. KENNER, LA 70065</b>
<input checked="" type="checkbox"/> Delete	<b>D</b>	<b>BELLONE, CHRISTOPHER</b>	<b>5230 COLISEUM STREET NEW ORLEANS LA 70115</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>TREASURER + D</b>	<b>VICK, CHARLES</b>	<b>1244 PARASOL PLACE PENSACOLA, FL 32507</b>
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>SECRETARY</b>	<b>MANESS, LORRAINE</b>	<b>7011 COUNTRY ST. NEW ORLEANS, LA 70126</b>
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	<b>DIRECTOR</b>	<b>MODICA, GUY</b>	<b>19623 CREEK ROUND AVE. BATON ROUGE, LA 70817</b>
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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**

**ROBERT T. SOREL**

**8-50**

**3-29-02 492-0311**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)