

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 18 PM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N13797** (8)
1. Corporation Name
REFLECTIONS HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/12/1986	3a. Date of Last Report 04/18/1994
4. FEI Number 65-0119801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
4490 VON KARMAN AVE. NEWPORT BEACH CA 92660 US		4490 VON KARMAN AVE. NEWPORT BEACH CA 92660 US	
21. Principal Place of Business	22a. Mailing Address	22b. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State	28. City & State	29. Zip	30. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SURYAN, FRANK T	1.2 NAME	
STREET ADDRESS	4490 VON KARMAN AVE.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BEACH CA	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKEL, RICHARD E.	2.2 NAME	
STREET ADDRESS	4490 VON KARMAN	2.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BEACH CA	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, CHERYL A	3.2 NAME	
STREET ADDRESS	4490 VON KARMAN AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BEACH CA	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITTON, LAURIE	4.2 NAME	
STREET ADDRESS	4490 VON KARMAN AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEWPORT BCH CA	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Frank T. Suryan, Jr. 4/11/95 714/262-0101
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR