

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000001261 (5)

1. Corporation Name

REFLECTIONS HOMEOWNERS ASSOCIATION OF OCOEE, INC



Principal Place of Business

Mailing Address

250 PARK AVENUE SOUTH
SUITE 300
WINTER PARK FL 32789

250 PARK AVENUE SOUTH
SUITE 300
WINTER PARK FL 32789

3. Date Incorporated or Qualified
03/15/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 250 Park Ave. South

26 c/o Florida Management Services 74-2123797

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 300

27 P.O. Box 73

City & State

City & State

23 Winter Park, FL

28 ORLANDO, FL

Zip

Country

Zip

Country

24 32789

25 USA

29 32802

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GEORGE WIMPEY OF FLORIDA, INC.
250 PARK AVENUE SOUTH
SUITE 300
WINTER PARK FL 32789

81 Name
Morrison Homes of Florida, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
250 Park Ave., South
83 Suite 300
84 City
Winter Park FL 85 Zip Code
32789

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

11 TITLE ☒ Change ☐ Addition

NAME
DOUGLAS F
250 PARK AVENUE SOUTH SUITE 300
WINTER PARK FL 32789

12 NAME
Parker, Steve
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE ☐ DELETE

21 TITLE ☒ Change ☐ Addition

NAME
FREDERICK G
250 PARK AVENUE SOUTH SUITE 300
WINTER PARK FL 32789

22 NAME
STD
Wilson, Alan F.
23 STREET ADDRESS
24 CITY - ST - ZIP

TITLE ☐ DELETE

31 TITLE ☒ Change ☐ Addition

NAME
JOY
250 PARK AVENUE SOUTH SUITE 300
WINTER PARK FL 32789

32 NAME
PD
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE ☐ DELETE

41 TITLE ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

42 NAME
700001904487
-07/25/96--01055--042
***61.25

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

62 NAME
63 STREET ADDRESS
64 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)