

**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**

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
VD	<b>EHLEMAN, DOUGLAS F</b>	<b>250 PARK AVENUE SOUTH SUITE 300</b>	<b>WINTER PARK FL 32789</b>	<input type="checkbox"/>
<del>VD</del>	<del><b>SCHAUB, FREDERICK G</b></del>	<del><b>250 PARK AVENUE SOUTH SUITE 300</b></del>	<del><b>WINTER PARK FL 32789</b></del>	<input type="checkbox"/>
<del>VD</del>	<del><b>VON WERDER, JOY</b></del>	<del><b>250 PARK AVENUE SOUTH SUITE 300</b></del>	<del><b>WINTER PARK FL 32789</b></del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>Parker, Steve</b>			<input checked="" type="checkbox"/>
	<b>STD Wilson, Alan F.</b>			<input checked="" type="checkbox"/>
	<b>PD</b>			<input checked="" type="checkbox"/>
		<b>700001904487</b>		<input checked="" type="checkbox"/>
		<b>-07/25/96--01055--042</b>		<input type="checkbox"/>
		<b>***61.25</b>		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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)