

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Mar 26 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001261 (5)**  
 1. Corporation Name  
**REFLECTIONS HOMEOWNERS ASSOCIATION OF OCOEE, INC**



Principal Place of Business <b>2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044</b>	Mailing Address <b>JMC PROPERTY MGT. 3174 GULF OF MEXICO DR. LONGBOAT KEY FL 34226 US</b>
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3. Date Incorporated or Qualified  
**03/15/1995**

4. FEI Number <b>74-2123797</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>2180 WEST SR 434</b>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
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6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State <b>23</b>	City & State <b>28</b>
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7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**HART, JAMES W JR.  
SENTRY MANAGEMENT, INC.  
2180 WEST SR 434, STE. 5000  
LONGWOOD FL 32779-5044**

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 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	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PARKER, STEVE</b>	
STREET ADDRESS	<b>250 PARK AVENUE SOUTH SUITE 300</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILSON, ALAN F</b>	
STREET ADDRESS	<b>250 PARK AVENUE SOUTH SUITE 300</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VON WERDER, JOY</b>	
STREET ADDRESS	<b>250 PARK AVENUE SOUTH SUITE 300</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CAMPANARA, ED</b>	
1.3 STREET ADDRESS	<b>1816 SPARKLING WATER CR</b>	
1.4 CITY-ST-ZIP	<b>OCOEE FL 34761</b>	
2.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MELVIN, MARY</b>	
2.3 STREET ADDRESS	<b>1687 SPARKLING WATER CR</b>	
2.4 CITY-ST-ZIP	<b>OCOEE FL 34761</b>	
3.1 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>RORBECK, POLLY</b>	
3.3 STREET ADDRESS	<b>1719 SPARKLING WATER CR</b>	
3.4 CITY-ST-ZIP	<b>OCOEE FL 34761-9127</b>	
4.1 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MONK, CHARLES</b>	
4.3 STREET ADDRESS	<b>1716 SPARKLING WATER CR</b>	
4.4 CITY-ST-ZIP	<b>OCOEE FL 32761-9124</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>MABIE, SUSSE</b>	
5.3 STREET ADDRESS	<b>1697 SPARKLING WATER CR</b>	
5.4 CITY-ST-ZIP	<b>OCOEE FL 34761</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>PIVERAL, MOLLY</b>	
6.3 STREET ADDRESS	<b>1780 SPARKLING WATER CR</b>	
6.4 CITY-ST-ZIP	<b>OCOEE FL 34761</b>	

14. 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 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: *Edward Campanara* **EDWARD CAMPANARA** 2/1/98

CR2E037 (10/97)

REFLECTIONS HOMEOWNERS ASSOCIATION OF OCOEE, INC.  
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
CONTINUED

13.	7.1	TITLE:	D
	7.2	NAME:	JONES, ADRIENNE B
	7.3	STREET ADDRESS:	1839 SPARKLING WATER CR
	7.4	CITY-ST-ZIP	OCOEE FL 34761-9128