

FILE NOW: FILING FEE IS \$61.25

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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

Mailing Address

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044**

**JMC PROPERTY MGT.
3174 GULF OF MEXICO DR.
LONGBOAT KEY FL 34226
US**

3. Date Incorporated or Qualified

03/15/1995

4. FEI Number

74-2123797

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**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21
Suite, Apt. #, etc.**

2b. 2180 WEST SR 434

**22
City & State**

**27
Suite, Apt. #, etc.
SUITE 5000**

**23
City & State**

**28
LONGWOOD FL**

**24
Zip**

**25
Country**

**29
Zip**

**30
Country**

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**

FL

**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	VD	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, STEVE	
STREET ADDRESS	250 PARK AVENUE SOUTH SUITE 300	
CITY-ST-ZIP	WINTER PARK FL 32789	

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

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

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	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CAMPANARA, ED	
1.3 STREET ADDRESS	1816 SPARKLING WATER CR	
1.4 CITY-ST-ZIP	OCOEE FL 34761	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MELVIN, MARY	
2.3 STREET ADDRESS	1687 SPARKLING WATER CR	
2.4 CITY-ST-ZIP	OCOEE FL 34761	

3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RORBECK, POLLY	
3.3 STREET ADDRESS	1719 SPARKLING WATER CR	
3.4 CITY-ST-ZIP	OCOEE FL 34761-9127	

4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MONK, CHARLES	
4.3 STREET ADDRESS	1716 SPARKLING WATER CR	
4.4 CITY-ST-ZIP	OCOEE FL 32761-9124	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MABIE, SUSSE	
5.3 STREET ADDRESS	1697 SPARKLING WATER CR	
5.4 CITY-ST-ZIP	OCOEE FL 34761	

6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PIVERAL, MOLLY	
6.3 STREET ADDRESS	1780 SPARKLING WATER CR	
6.4 CITY-ST-ZIP	OCOEE FL 34761	

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 *Per* 2/4/98 EDWARD CAMPANARA

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