2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2000 8:00 am
Secretary of State
05-05-2000 90003 042 ****61.25

DOCUMENT # N13797

1. Entity Name

REFLECTIONS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4490 VON KARMAN AVE. NEWPORT BEACH CA 92660 US	4490 VON KARMAN AVE. NEWPORT BEACH CA 92660-2008 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4901 Birch Street	4901 Birch Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Newport Beach, CA	City & State: Newport Beach, CA
Zip: 92660 Country: USA	Zip: 92660 Country: USA

4. FEI Number: 65-0119801 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SO PINE ISLAND RD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SURYAN, FRANK T 4490 VON KARMAN AVE. NEWPORT BEACH CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Suryan, Frank T 4901 Birch Street Newport Beach, CA 92660	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FRANKEL, RICHARD E. 4490 VON KARMAN NEWPORT BEACH CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MARTIN, CHERYL A 4490 VON KARMAN AVE. NEWPORT BEACH CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Martin, Cheryl A 4901 Birch Street Newport Beach, CA 92660	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MURPHY, DIANE J 4490 VON KARMAN AVE. NEWPORT BCH CA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Murphy, Diane J 4901 Birch Street Newport Beach, CA 92660	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Diane J. Murphy SIGNATURE REQUIRED — Diane J. Murphy, Treasurer — (949) 252-9101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #