

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2000 8:00 am
Secretary of State

09-19-2000 90146 027 ****61.25

DOCUMENT # N97000005784

1. Entity Name

REFLECTIONS HOMEOWNERS ASSOCIATION OF PERDIDO KE

P

Principal Place of Business

226 S. PALAFOX
 PENSACOLA FL 32501

Mailing Address

226 S. PALAFOX
 PENSACOLA FL 32501

00101155



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3488380

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHELL, STEPHEN B
 226 S. PALAFOX
 PENSACOLA FL 32501

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

After September 13, 2000 min. will be \$236.25

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 ☐ Delete
 NAME D
 STREET ADDRESS TRAWICK, STEPHEN C
 CITY-ST-ZIP 1100 AIRPORT BLVD.
 PENSACOLA FL 32504

TITLE ☐ Change ☐ Addition
 NAME P
 STREET ADDRESS Michelle Pieter-Vick
 CITY-ST-ZIP 91 Andrews Ave.
 Pensacola FL

TITLE ☐ Delete
 NAME D
 STREET ADDRESS TRAWICK, JOHN B
 CITY-ST-ZIP 226 S. PALAFOX
 PENSACOLA FL 32501

TITLE ☐ Change ☐ Addition
 NAME VP
 STREET ADDRESS MAGDA Pieter-Vick
 CITY-ST-ZIP 1244 PARRISH PL.
 Pensacola FL

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WARD, RONALD
 CITY-ST-ZIP 1352 STERLING POINT DR.
 GULF BREEZE FL 32561

TITLE ☐ Change ☐ Addition
 NAME T. Guy Modica
 STREET ADDRESS 12812 COURSEY BLVD.
 CITY-ST-ZIP Baton Rouge, LA 70816

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME D
 STREET ADDRESS Bryan Pieter-Vick
 CITY-ST-ZIP #1405 CLEARVIEW BLVD.
 Plantation FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

MAGDA Pieter-Vick

CR2E037 (5/00)