

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

0088828

DOCUMENT # N13797

1. Entity Name

REFLECTIONS HOMEOWNERS ASSOCIATION, INC.

04-11-2001 90129 031 ****61.25

Principal Place of Business

Mailing Address

4901 BIRCH STREET
 NEWPORT BEACH CA 92660
 US

4901 BIRCH STREET
 NEWPORT BEACH CA 92660
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0119801

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

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

JB

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	PD	<input type="checkbox"/> Delete
NAME	SURYAN, FRANK T	
STREET ADDRESS	4901 BIRCH STREET	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANKEL, RICHARD E.	
STREET ADDRESS	4490 VON KARMAN	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, CHERYL A	
STREET ADDRESS	4901 BIRCH STREET	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	T	<input type="checkbox"/> Delete
NAME	MURPHY, DIANE J	
STREET ADDRESS	4901 BIRCH STREET	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Diane J. Murphy* **REQUIRED** Diane J. Murphy, Treasurer, 4-2-01 949 252-9101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)