

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90545 019 \*\*\*\*61.25

**DOCUMENT # N97000005784**

1. Entity Name

**REFLECTIONS HOMEOWNERS ASSOCIATION OF PERDIDO KE**

Principal Place of Business

226 S. PALAFOX  
 PENSACOLA FL 32501

Mailing Address

226 S. PALAFOX  
 PENSACOLA FL 32501

2. Principal Place of Business

7251 LaFitte Reef

3. Mailing Address

PO BOX 34403

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Perdido Key FL

City & State

Pensacola, FL

4. FEI Number

59-3488380

Applied For

Not Applicable

Zip

32507

Country

USA

Zip

32507

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SHELL, STEPHEN B  
 226 S. PALAFOX  
 PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Michelle Thompson  
 7251 LaFitte Reef  
 Perdido Key FL 32507  
 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

Michelle Thompson

4/10/01

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

TITLE	D	NAME	TRAWICK, STEPHEN C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			1100 AIRPORT BLVD.	
CITY-ST-ZIP			PENSACOLA FL 32504	
TITLE	D	NAME	TRAWICK, JOHN B	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			226 S. PALAFOX	
CITY-ST-ZIP			PENSACOLA FL 32501	
TITLE	D	NAME	WARD, RONALD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS			1352 STERLING POINT DR.	
CITY-ST-ZIP			GULF BREEZE FL 32561	
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Delete
STREET ADDRESS				
CITY-ST-ZIP				

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	NAME	Michelle Thompson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			7251 LaFitte Reef	
CITY-ST-ZIP			Perdido Key FL 32507	
TITLE		NAME	Fran Thompson	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			7251 LaFitte Reef	
CITY-ST-ZIP			Perdido Key FL 32507	
TITLE	D	NAME	Christopher Bellone	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			5230 Coliseum Street	
CITY-ST-ZIP			New Orleans, LA 70115	
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Michelle Thompson

4/10/01 850-492-3839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)