

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90301 005 ****61.25

DOCUMENT # N13797

1. Entity Name

REFLECTIONS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**4901 BIRCH STREET
 NEWPORT BEACH CA 92660
 US**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number **65-0119801**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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	PD SURYAN, FRANK T	<input type="checkbox"/> Delete
STREET ADDRESS	4901 BIRCH STREET	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE NAME	VD FRANKEL, RICHARD E.	<input type="checkbox"/> Delete
STREET ADDRESS	4490 VON KARMAN	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE NAME	SD MARTIN, CHERYL A	<input type="checkbox"/> Delete
STREET ADDRESS	4901 BIRCH STREET	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE NAME	T MURPHY, DIANE J	<input type="checkbox"/> Delete
STREET ADDRESS	4901 BIRCH STREET	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
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"/> 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		
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: *SIGNATURES REQUIRED* **Frank T. Suryan, Jr., President 1/18/02 (949) 252-9101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)