2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90451 036 ****61.25

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DOCUMENT # N97000005784

1. Entity Name

REFLECTIONS HOMEOWNERS ASSOCIATION OF PERDIDO KE Y, INC.

Principal Place of Business	Mailing Address
7251 LAFITTE REEF PERDIDO KEY FL 32507	PO BOX 34403 PENSACOLA FL 32507

DO NOT WRITE IN THIS SPACE

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 59-3488380 ☐ 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
THOMPSON, MICHELLE 7261 LAFITTE REEF PERDIDO KEY FL 32507	Name: CHARLES VICK Street Address (P.O. Box Number is Not Acceptable): 1244 PARASOL PLACE City: PENSACOLA FL Zip Code: 32507

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 CHARLES VICK 3-29-02
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	D THOMPSON, MICHELLE 7251 LAFITTE REEF PERDIDO KEY FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT + D SOREL, ROBERT 12406 MEADOWN RD. PENSACOLA, FL 32506	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, FRAN 7251 LAFITTE REEF PERDIDO KEY FL 32507	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT + D PIETRI, MICHELLE 71 ANDROUS AVE. KENNER, LA 70065	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BELLONE, CHRISTOPHER 5230 COLISEUM STREET NEW ORLEANS LA 70115	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER + D VICK, CHARLES 1244 PARASOL PLACE PENSACOLA, FL 32507	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY MANESS, LORRAINE 7011 COUNTRY ST. NEW ORLEANS, LA 70126	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MODICA, GUY 19623 CREEK RONNO AVE. BATON ROUGE, LA 70817	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 ROBERT T. SOREL 3-29-02 850 492-0311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #