

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED

04 FEB -6 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0119801

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SURYAN, FRANK T
STREET ADDRESS	4901 BIRCH STREET
CITY-ST-ZIP	NEWPORT BEACH, CA 92660

TITLE	VD
NAME	FRANKEL, RICHARD E.
STREET ADDRESS	4490 VON KARMAN
CITY-ST-ZIP	NEWPORT BEACH, CA

TITLE	SD
NAME	MARTIN, CHERYL A
STREET ADDRESS	4901 BIRCH STREET
CITY-ST-ZIP	NEWPORT BEACH, CA 92660

TITLE	T
NAME	MURPHY, DIANE J
STREET ADDRESS	4901 BIRCH STREET
CITY-ST-ZIP	NEWPORT BEACH, CA 92660

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100029946881
03/05/04--01028--018 **\$1.25

**DO NOT WRITE
IN THIS SPACE**

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: Frank T. Suryan, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(949) 252-9101

Date

Daytime Phone #