



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

| | |
|--|---|
| DOCUMENT # N13797 1. Entity Name REFLECTIONS HOMEOWNERS ASSOCIATION, INC. |  |
|--|---|

FILED
04 FEB -6 PM 3: 18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | |
|--|--|
| Principal Place of Business 4901 BIRCH STREET NEWPORT BEACH, CA 92660 US | Mailing Address 4901 BIRCH STREET NEWPORT BEACH, CA 92660 US |
|--|--|

DO NOT WRITE IN THIS SPACE



01142004 No Chg-NP CR2E037 (10/03)

| | |
|---|-------------------------------|
| 4. FEI Number 65-0119801 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|---|
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SO PINE ISLAND RD PLANTATION, FL 33324 | <p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p> |
|--|---|

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
|---|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SURYAN, FRANK T 4901 BIRCH STREET NEWPORT BEACH, CA 92660 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD FRANKEL, RICHARD E. 4490 VON KARMAN NEWPORT BEACH, CA |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MARTIN, CHERYL A 4901 BIRCH STREET NEWPORT BEACH, CA 92660 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MURPHY, DIANE J 4901 BIRCH STREET NEWPORT BEACH, CA 92660 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE
IN THIS SPACE

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

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. (949) 252-9101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #