


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N13797 1. Entity Name REFLECTIONS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 4901 BIRCH STREET NEWPORT BEACH, CA 92660 US	Mailing Address 4901 BIRCH STREET NEWPORT BEACH, CA 92660 US
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DO NOT WRITE IN THIS SPACE

FILED
05 JAN 27 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01172005 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

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$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	

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02/03/05--01003--022 **70.00

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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 #