
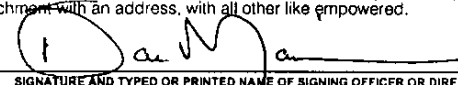


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90364 022 ****61.25

DOCUMENT # N02000004363 1. Entity Name REFLECTIONS OF HILLSBOROUGH ASSOCIATION, INC.																																																																																									
Principal Place of Business 4131 GUNN HWY TAMPA, FL 33618		Mailing Address 4131 GUNN HWY 4121 GUNN HIGHWAY TAMPA, FL 33618																																																																																							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																							
City & State		City & State																																																																																							
Zip	Country	Zip	Country	4. FEI Number 54-2100053 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required																																																																																					
6. Name and Address of Current Registered Agent FRISCIA, FRANK 500 N. WEST SHORE, SUITE 830 TAMPA, FL 34677			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.																																																																																									
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="text-align: right;">DATE _____</div>																																																																																									
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																					
Make check payable to Florida Department of State																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE NAME</td> <td style="width: 15%;">P</td> <td style="width: 15%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">BROCKUS, PATRICK</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">5003 MIRROR RIDGE COURT LUTZ, FL 33558</td> </tr> <tr> <td>TITLE NAME</td> <td>D</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td>FERGUSON, LEE</td> <td>CITY-ST-ZIP</td> <td>17903 HAVEN VIEW LANE LUTZ, FL 33558</td> </tr> <tr> <td>TITLE NAME</td> <td>D</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td>RADO, JENNIFER</td> <td>CITY-ST-ZIP</td> <td>18201 PARASOL WAY LUTZ, FL 33558</td> </tr> <tr> <td>TITLE NAME</td> <td>VP</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td>MORRISON, DAN</td> <td>CITY-ST-ZIP</td> <td>5005 MIRROR RIDGE COURT LUTZ, FL 33558</td> </tr> <tr> <td>TITLE NAME</td> <td>T</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td>SARDEGNA, JACK</td> <td>CITY-ST-ZIP</td> <td>5008 MIRROR RIDGE LUTZ, FL 33558</td> </tr> <tr> <td>TITLE NAME</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. 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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				2-8-07 813.926.8500																																																																																					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>																																																																																					

40033999



01302007 Chg-NP CR2E037 (12/06)