

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 06, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000005784**

1. Entity Name

**REFLECTIONS HOMEOWNERS ASSOCIATION OF PERDIDO  
KEY, INC.**



Principal Place of Business

**1244 PARASOL PLACE  
PENSACOLA FL 32507**

Mailing Address

**1244 PARASOL PLACE  
PENSACOLA FL 32507**

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 **59-3488380**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

**VICK, CHARLES  
1244 PARASOL PLACE  
PENSACOLA FL 32507**

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

Signature, typed or printed name of registered agent and title (if applicable)

(NOTE: Registered Agent signature required when not on stamp)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME SOREL, ROBERT  
STREET ADDRESS 12406 MEADS N ROAD  
CITY- ST- ZIP PENSACOLA FL 32506

TITLE VD ☐ Delete  
NAME PIETRI, MICHELLE  
STREET ADDRESS 71 ANDREWS AVE  
CITY- ST- ZIP KENNER LA 70065

TITLE TD ☐ Delete  
NAME VICK, CHARLES  
STREET ADDRESS 1244 PARASOL PLACE  
CITY- ST- ZIP PENSACOLA FL 32507

TITLE S ☐ Delete  
NAME BRIDGES, JOHNNY H  
STREET ADDRESS 1251 PARASOL PL  
CITY- ST- ZIP PENSACOLA FL 32507

TITLE D ☐ Delete  
NAME MODICA, GUY  
STREET ADDRESS 19623 CREEK ROUND AVE  
CITY- ST- ZIP BATON ROUGE LA 70817

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 02/15/08-80021-018 61.25  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME  
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CITY- ST- ZIP

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NAME  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

*Charles Vick*

*F.L.Y. 2008*

*85-4974372*