

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90840 046 \*\*\*\*61.25

**DOCUMENT # N97000005784**

1. Entity Name

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



Principal Place of Business

**7251 LAFITTE REEF  
PERDIDO KEY FL 32507**

Mailing Address

**PO BOX 34403  
PENSACOLA FL 32507**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**1244 PARASOL PLACE**

Suite, Apt. #, etc.

**1244 PARASOL PLACE**

City & State

**Pensacola, FL.**

City & State

**Pensacola FL.**

Zip

**32507**

Country

**USA**

Zip

**32507**

Country

**USA**

4. FEI Number **59-3488380**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD** ☐ Delete  
NAME **PIETRI, MICHELLE**  
STREET ADDRESS **71 ANDREWS AVE**  
CITY-ST-ZIP **KENNER LA 70085**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **MANESS, LORRAINE**  
STREET ADDRESS **7011 COVENTRY ST**  
CITY-ST-ZIP **NEW ORLEANS LA 70126**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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 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: **Charles Vick** **Feb 16-03 - 850-492-4372**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)