

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90242 028 \*\*\*\*61.25

**DOCUMENT # N13797**



1. Entity Name  
**REFLECTIONS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business  
**4901 BIRCH STREET  
NEWPORT BEACH CA 92660  
US**

Mailing Address  
**4901 BIRCH STREET  
NEWPORT BEACH CA 92660  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0119801**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 SO PINE ISLAND RD  
PLANTATION FL 33324**

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 \_\_\_\_\_ (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	<input type="checkbox"/> Delete
NAME	SURYAN, FRANK T	
STREET ADDRESS	4901 BIRCH STREET	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FRANKEL, RICHARD E.	
STREET ADDRESS	4490 VON KARMAN	
CITY-ST-ZIP	NEWPORT BEACH CA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, CHERYL A	
STREET ADDRESS	4901 BIRCH STREET	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE	T	<input type="checkbox"/> Delete
NAME	MURPHY, DIANE J	
STREET ADDRESS	4901 BIRCH STREET	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* SIGNATURE REQUIRED Frank T. Suryan, Jr., Sr. V.P. 4-21-03

CR2E037 (10/02)