

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762983

Entity Name: REFLECTIONS ON THE RIVER ASSOCIATION, INC.**Current Principal Place of Business:**100 VISTA ROYALE BLVD.
VERO BEACH, FL 32962**Current Mailing Address:**100 VISTA ROYALE BLVD.
VERO BEACH, FL 32962 US**FEI Number:** 59-2453700**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROMANO, ALAN P
C/O A R CHOICE MGMT, INC.
100 VISTA ROYALE BLVD.
VERO BEACH, FL 32962 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**Title D
Name COOKE, TOM
Address 100 VISTA ROYALE BLVD.
City-State-Zip: VERO BEACH FL 32962Title D
Name ADAMS, ROBERT
Address 100 VISTA ROYALE BLVD.
City-State-Zip: VERO BEACH FL 32962Title PD
Name BUSHEY, AUDREY
Address 100 VISTA ROYALE BLVD.
City-State-Zip: VERO BEACH FL 32962Title TD
Name WILLIAMS, JIM
Address 100 VISTA ROYALE BLVD.
City-State-Zip: VERO BEACH FL 32962Title SD
Name KEITH, PHYLLIS
Address 100 VISTA ROYALE BLVD.
City-State-Zip: VERO BEACH FL 32962Title VPD
Name JOHNSON, EUGENE
Address 100 VISTA ROYALE BLVD.
City-State-Zip: VERO BEACH FL 32962Title D
Name KELLY, TOM
Address 100 VISTA ROYALE BLVD.
City-State-Zip: VERO BEACH FL 32962

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: AUDREY BUSHEY

PRESIDENT

03/06/2018

Electronic Signature of Signing Officer/Director Detail_____
Date