

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000005805

**FILED**  
**Apr 21, 2024**  
**Secretary of State**  
**3816944059CC**

**Entity Name:** REFLECTIONS WEST HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5337 N SOCRUM LOOP RD  
C/O MASTERMIND ASSOCIATION MGT., LLC SUITE449  
LAKELAND, FL 33809

**Current Mailing Address:**

5337 N SOCRUM LOOP RD  
C/O MASTERMIND ASSOCIATION MGT., LLC SUITE449  
LAKELAND, FL 33809 US

**FEI Number:** 56-2297232

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BONZELLA, THERESA  
5127 SPANISH OAKS DR  
LAKELAND, FL 33805 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:** THERESA BONZELLA

04/21/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR	Title	PRESIDENT, DIRECTOR
Name	WALKER, THERESA	Name	HALL, RONALD
Address	5337 N SOCRUM LOOP RD C/O MASTERMIND ASSOCIATION MGT., LLC SUITE 449	Address	5337 N SOCRUM LOOP RD C/O MASTERMIND ASSOCIATION MGT., LLC SUITE 449
City-State-Zip:	LAKELAND FL 33809	City-State-Zip:	LAKELAND FL 33809
Title	DIRECTOR	Title	DIRECTOR, VP
Name	PHILLIPS, KATERINA	Name	MILLSAPS, MICKEY
Address	5337 N SOCRUM LOOP RD C/O MASTERMIND ASSOCIATION MGT., LLC SUITE 449	Address	5337 N SOCRUM LOOP RD C/O MASTERMIND ASSOCIATION MGT., LLC SUITE 449
City-State-Zip:	LAKELAND FL 33809	City-State-Zip:	LAKELAND FL 33809
Title	SECRETARY, TREASURER	Title	MANAGER
Name	LINDA, HIGUERA	Name	BONZELLA, THERESA
Address	5337 N SOCRUM LOOP RD C/O MASTERMIND ASSOCIATION MGT., LLC SUITE 449	Address	5337 N SOCRUM LOOP RD C/O MASTERMIND ASSOCIATION MGT., LLC SUITE 449
City-State-Zip:	LAKELAND FL 33809	City-State-Zip:	LAKELAND FL 33809

*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:** THERESA BONZELLA

**MANAGER**

04/21/2024

Electronic Signature of Signing Officer/Director Detail

Date