above, or on an attachment with all other like empowered.	
SIGNATURE: THERESA BONZELLA	PRESIDENT

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

# Entity Name: REFLECTIONS WEST HOMEOWNERS ASSOCIATION, INC.

#### **Current Principal Place of Business:**

5337 N SOCRUM LOOP RD C/O MASTERMIND ASSOCIATION MGT., LLC SUITE 449 LAKELAND, FL 33809

## **Current Mailing Address:**

5337 N SOCRUM LOOP RD C/O MASTERMIND ASSOCIATION MGT., LLC SUITE 449 LAKELAND, FL 33809 US

## FEI Number: 56-2297232

# 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				2023
	Electronic Signature of Registered Agent		Dat	e
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	

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

Date