

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13797

Entity Name: REFLECTIONS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4901 BIRCH ST.
NEWPORT BEACH, CA 92660-2114**Current Mailing Address:**4901 BIRCH ST.
NEWPORT BEACH, CA 92660-2114 US**FEI Number:** 65-0119801**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC.
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRESIDENT
Name	SURYAN, FRANK T. JR.
Address	4901 BIRCH ST.
City-State-Zip:	NEWPORT BEACH CA 92660-2114

Title	DIRECTOR
Name	SURYAN, FRANK T. JR.
Address	4901 BIRCH ST.
City-State-Zip:	NEWPORT BEACH CA 92660-2114

Title	SECRETARY
Name	BARMETTLER, MICHAEL
Address	4901 BIRCH ST.
City-State-Zip:	NEWPORT BEACH CA 92660-2114

Title	DIRECTOR
Name	BARMETTLER, MICHAEL
Address	4901 BIRCH ST.
City-State-Zip:	NEWPORT BEACH CA 92660-2114

Title	TREASURER
Name	RICE, CANDACE
Address	4901 BIRCH ST.
City-State-Zip:	NEWPORT BEACH CA 92660-2114

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: MICHAEL BARMETTLER**SECRETARY****04/13/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date