

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000002124

**FILED**  
**Mar 11, 2019**  
**Secretary of State**  
**7617589668CC**

**Entity Name:** NORTHLAND REFLECTION LAKES LLC

**Current Principal Place of Business:**

NORTHLAND INVESTMENT CORPORATION  
2150 WASHINGTON STREET  
NEWTON, MA 02462

**Current Mailing Address:**

NORTHLAND INVESTMENT CORPORATION  
2150 WASHINGTON STREET  
NEWTON, MA 02462

**FEI Number:** 20-4233986

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

**Authorized Person(s) Detail :**

Title MGRM  
Name NORTHLAND REFLECTION LAKES  
MANAGER INC.  
Address 2150 WASHINGTON STREET  
City-State-Zip: NEWTON MA 02462

Title CEO, PRESIDENT  
Name GOTTESDIENER, LAWRENCE R  
Address NORTHLAND INVESTMENT  
CORPORATION  
2150 WASHINGTON STREET  
City-State-Zip: NEWTON MA 02462

Title VP  
Name GOTTESDIENER, MATTHEW R  
Address NORTHLAND INVESTMENT  
CORPORATION  
2150 WASHINGTON STREET  
City-State-Zip: NEWTON MA 02462

Title SECRETARY  
Name ABAIR, SUZANNE  
Address NORTHLAND INVESTMENT  
CORPORATION  
2150 WASHINGTON STREET  
City-State-Zip: NEWTON MA 02462

Title ASST. SECRETARY  
Name KINSLEY, BETH  
Address NORTHLAND INVESTMENT  
CORPORATION  
2150 WASHINGTON STREET  
City-State-Zip: NEWTON MA 02462

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KINSLEY, BETH

**ASST. SECRETARY**

**03/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date