2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#750646

FILED Feb 17, 2012 Secretary of State

Entity Name: REFLECTIONS ON THE GULF ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O QUALIFIED PROPERTY MANAGEMENT, INC.

5901 US HWY 19, 7Q

NEW PORT RICHEY, FL 34652

5901 US HWY 19, 7Q NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

QUALIFIED PROPERTY MANAGEMENT, INC.

QUALIFIED PROPERTY MANAGEMENT, INC.

C/O QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19, 7Q

FEI Number: 59-1967704

5901 US HWY 19, 7Q

New Mailing Address:

NEW PORT RICHEY, FL 34652 US

NEW PORT RICHEY, FL 34652

NEW PORT RICHET, FL 34602 U

FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MANAGEMENT, INC.

QUALIFIED PROPERTY MANAGEMENT, INC. 5901 US HWY 19

5901 US 19 N. STE 7Q

STE 7Q

NEW PORT RICHEY, FL 34652 US

NEW PORT RICHEY, FL 34652 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: MARY A. WHITE

02/17/2012

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

Title: PRES

Name: REITAN, THANE

Address: 5901 US HWY 19, STE 7Q

City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP

Name: FAUGHT, DELORES Address: 5901 US HWY 19, STE 7Q

City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: SEC

Name: ARMSTRONG, ROBERT Address: 5901 US HWY 19, STE 7Q

City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: TREA

Name: ARMSTRONG, ROBERT Address: 5901 US HWY 19, STE 7Q

City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title:

Name: SUAREZ, JIM

Address: 5901 US HWY 19, STE 7Q City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title:

Name: OGDEN, HARRY

Address: 5901 US HWY 19, STE 7Q

City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: THANE REITAN PRES 02/17/2012