

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90052 043 ****61.25



DOCUMENT # 762983
 1. Entity Name
REFLECTIONS ON THE RIVER ASSOCIATION, INC.

Principal Place of Business
 6240 E. MIRROR LAKE DRIVE
 SEBASTIAN, FL 32958

Mailing Address
 C/O VISTA PROPERTIES MANAGEMENT, INC.
 100 VISTA ROYALE BLVD
 VERO BEACH, FL 32962 US



2. Principal Place of Business - No P.O. Box #
333 17TH STREET

3. Mailing Address
333 17TH STREET

Suite, Apt. #, etc.
SUITE 2L

03012007 Chg-NP CR2E037 (12/06)

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

Zip
32960

Country
USA

4. FEI Number
59-2453700

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired **\$8.75** Additional Fee Required

MARKHAM, ROBERT
 616 N MIRROR LAKE DR
 SEBASTIAN, FL 32958

7. Name and Address of New Registered Agent

Name
ALAN P ROMANO

Street Address (P.O. Box Number is Not Acceptable)
C&A R CHOICE MANAGEMENT INC

333 17TH ST SUITE 2L

City
VERO BEACH FL Zip Code
32960

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **ALAN P ROMANO**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COOKE, TOM 6155 S MIRROR LAKE DR #206 SEBASTIAN, FL 32958 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, JIM 6155 SOUTH MIRROR LAKE DR SUITE 207 SEBASTIAN, FL 32958 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MINARD-SCHWAH, MAUREEN 6240 E MIRROR LAKE DR #305 SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCPHATBONA, JIM 6201 SOUTH MIRROR LAKE DR SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STETLER, LARRY 6155 S MIRROR LAKE DR # 308 SEBASTIAN, FL 32958 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEITH, PHYLLIS 6260 MIRROR LAKE CT SEBASTIAN, FL 32958 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 17TH ST. SUITE 2L VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 17TH ST SUITE 2L VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP LAITINEN, HELEN 333 17TH ST SUITE 2L VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D MURPHY, JUNE 333 17TH ST SUITE 2L VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 17TH ST SUITE 2L VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 333 17TH ST SUITE 2L VERO BEACH, FL 32960

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **4/27/07 772-589-4438**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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ATTACHMENT

40103482

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Suite, Apt. #, etc.

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03012007 Chg-NP CR2E037 (12/06)

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Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	COOKE, TOM	6155 S MIRROR LAKE DR #206	SEBASTIAN, FL 32958	<input type="checkbox"/>
D	WILLIAMS, JIM	6155 SOUTH MIRROR LAKE DR SUITE 207	SEBASTIAN, FL 32958	<input type="checkbox"/>
VP	MINARD-SCHWAH, MAUREEN	6240 E MIRROR LAKE DR #305	SEBASTIAN, FL 32958	<input type="checkbox"/>
D	MCPHATBONA, JIM	6201 SOUTH MIRROR LAKE DR	SEBASTIAN, FL 32958	<input type="checkbox"/>
TD	STETLER, LARRY	6155 S MIRROR LAKE DR # 308	SEBASTIAN, FL 32958	<input type="checkbox"/>
SD	KEITH, PHYLLIS	6260 MIRROR LAKE CT	SEBASTIAN, FL 32958	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	DONOVAN, KEVIN	333 17TH ST SUITE 2L	VERO BEACH, FL 32960	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #