

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 762983

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** REFLECTIONS ON THE RIVER ASSOCIATION, INC.

**Current Principal Place of Business:**

333 17TH ST SUITE 2L  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

333 17TH ST SUITE 2L  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 59-2453700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMANO, ALAN P  
C/O A R CHOICE MGMT, INC.  
333 17TH ST SUITE 2L  
VERO BEACH, FL 32960 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** COOKE, TOM  
**Address:** 333 17TH ST SUITE 2L  
**City-St-Zip:** VERO BEACH, FL 32960

**Title:** D  
**Name:** WILLIAMS, JIM  
**Address:** 333 17TH ST SUITE 2L  
**City-St-Zip:** VERO BEACH, FL 32960

**Title:** VPD  
**Name:** BUSHEY, AUDREY  
**Address:** 333 17TH STREET, SUITE 2L  
**City-St-Zip:** VERO BEACH, FL 32960

**Title:** TD  
**Name:** STETLER, LARRY  
**Address:** 333 17TH ST SUITE 2L  
**City-St-Zip:** VERO BEACH, FL 32960

**Title:** SD  
**Name:** KEITH, PHYLLIS  
**Address:** 333 17TH ST SUITE 2L  
**City-St-Zip:** VERO BEACH, FL 32960

**Title:** D  
**Name:** FREDERICKS, BOB  
**Address:** 333 17TH STREET, SUITE 2L  
**City-St-Zip:** VERO BEACH, FL 32960

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:** TOM COOKE

PD

04/08/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date