


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90429 048 ****61.25

DOCUMENT # N0100003984		
1. Entity Name REFLECTION LAKES TWO CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 14001 LAKE MAHOGANY BLVD., #2311 FORT MYERS, FL 33907	Mailing Address 14001 LAKE MAHOGANY BLVD., #2311 FORT MYERS, FL 33907	



the Management Connection, Inc
8270 College Parkway, Suite 103
Fort Myers, Florida 33919

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02172004 Chg-NP CR2E037 (10/03)

4. FEI Number 30-0055731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BROCK, HERBERT O JR. BECKER & POLIAKOFF, P.A. 13515 BELL TOWER DR - STE 101 FORT MYERS, FL 33907	
7. Name and Address of New Registered Agent Name Street Addr ARLENE A FREDEN le) 8270 COLLEGE PKWY #103 FORT MYERS, FL 33919 City FL Zip Code	
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 <i>Arlene A. Freden</i> ARLENE A FREDEN CAM, C.F.M. 4-20-04 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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COUGHLIN, JAY 14001 LAKE MAHOGANY BLVD., #2311 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SALERNO, TONY 13841 LAKE MAHOGANY DR #3611 FORT MYERS, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOPKE, BRIAN 14001 LAKE MAHOGANY BLVD., #2311 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WAITEKUS, VIRGINIA 13871 LAKE MAHOGANY BLVD #3312 FORT MYERS, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SAMPLES, MARCEL 14001 LAKE MAHOGANY BLVD., #2311 FORT MYERS, FL 33907 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GIBENS, VIRGINIA 13991 LAKE MAHOGANY BLVD #2423 FORT MYERS, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNETT, RON 13841 LAKE MAHOGANY BLVD #3622 FORT MYERS, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPAOLO, MARK 13821 LAKE MAHOGANY BLVD #3811 FORT MYERS, FL 33907 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Tony Salerno* **TONY SALERNO PRES** **4/29/04** **239-454-2932**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #