2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2006
Secretary of State

DOCUMENT# N01000003984

Entity Name: REFLECTION LAKES TWO CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O BENSON'S INC
12650 WHITEHALL DR
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

C/O BENSON'S, INC.
12650 WHITEHALL DR
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 30-0055731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BENSON, MARK R
12650 WHITEHALL DR
FORT MYERS, FL 33907 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: VD ( ) Delete
Name: MCGROARTY, JEANNE
Address: 13881 LAKE MAHOGANY BLVD #3211
City-St-Zip: FORT MYERS, FL 33907

Title: 2VD ( ) Delete
Name: SPOTTS, CHERYL
Address: 13991 LAKE MAHOGANY BLVD #2414
City-St-Zip: FORT MYERS, FL 33907

Title: SD ( ) Delete
Name: LESNAU, CHRISTIE
Address: 13921 LAKE MAHOGANY BLVD #2821
City-St-Zip: FORT MYERS, FL 33907

Title: PD (X) Delete
Name: BURNETT, RON
Address: 13841 LAKE MAHOGANY BLVD. #3602
City-St-Zip: FORT MYERS, FL 33907

Title: D (X) Delete
Name: SIPERSTEIN, ED
Address: 14001 LAKE MAHOGANY BLVD #2323
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change ( ) Addition
Name: SALERNO, ANTHONY
Address: 13841 LAKE MAHOGANY BLVD #3611
City-St-Zip: FORT MYERS, FL 33907

Title: PD (X) Change ( ) Addition
Name: SPOTTS, CHERYL
Address: 13991 LAKE MAHOGANY BLVD #2414
City-St-Zip: FORT MYERS, FL 33907

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CHERYL SPOTTS PRES 04/04/2006

Electronic Signature of Signing Officer or Director — Date