2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90356 006 ****61.25

DOCUMENT # N01000003986

1. Entity Name
REFLECTION LAKES ONE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
14001 LAKE MAHOGANY BLVD. #2311 FORT MYERS, FL 33907	14001 LAKE MAHOGANY BLVD. #2311 FORT MYERS, FL 33907

02172004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business
c/o the Management Connection, Inc
8270 College Parkway, Suite 103
Fort Myers, Florida 33919

3. Mailing Address
c/o the Management Connection, Inc
8270 College Parkway, Suite 103
Fort Myers, Florida 33919

Zip	Country	Zip	Country
	LEE		LEE

4. FEI Number 61-1408521 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 ARLENE A FREDEN
Street Address 8270 COLLEGE PKWY #103
City FORT MYERS, FL 33919 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 Arlene A. Freden ARLENE A. FREDEN CAM, CPM 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. ☐ **$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 MAHOGNAY BLVD. #2311 FORT MYERS, FL 33907	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DON WOOD 13940 LAKE MAHOGANY BLVD #1112 FORT MYERS FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOPKE, BRIAN 14001 LAKE MAHOGANY BLVD. #2311 FORT MYERS, FL 33907	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VD~~ PD BECK RICHARD 7820 REFLECTING POND CT #1311 FORT MYERS, FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SAMPLES, MARCEL 14001 LAKE MAHOGANY BLVD. #2311 FORT MYERS, FL 33907	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD~~ SD NELSON, S. BRUCE 13930 LAKE MAHOGANY BLVD #1021 FORT MYERS, FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD JOHN KNAFF 7811 REFLECTING POND CT #1612 FORT MYERS FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DELORES LUTTS 7831 REFLECTIING POND CT #1822 FORT MYERS, FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Richard Beck 4-26-04 239-707-8721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

V. Files