2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90199 035 ****61.25

DOCUMENT # N01000003986

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

Principal Place of Business	Mailing Address
C/O HENKE PROPERTY MANAGEMENT PO BOX 07038 FORT MYERS, FL 33919	C/O HENKE PROPERTY MANAGEMENT PO BOX 07038 FORT MYERS, FL 33919

03302005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
FREDEN, ARLENE A 8270 COLLEGE PARKWAY STE 103 FORT MYERS, FL 33919	Name: Henke, Carol J Street Address (P.O. Box Number is Not Acceptable): c/o Henke Property Mgt. Inc 16213 A Presidential Ct City: Fort Myers, FL Zip Code: 33919

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: Carol J Henke 4-26-2005
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, 2005

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	TD WOOD, DON 13940 LAKE MAHOGANY BLVD # 1112 FORT MYERS, FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BECK, RICHARD 7820 REFLECTING POND CT # 1311 FORT MYERS, FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	D Grubb, Lee 13370 Lake Mahogany Blvd. #512 Fort Myers, FL 33907 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KNAFF, JOHN 7811 REFLECTING POND CT # 1612 FORT MYERS, FL 33907	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LUTTS, DELORES 7831 REFLECTING POND CT # 1822 FORT MYERS, FL 33907	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Harrelson, Trevor 7821 Reflecting Pond #1712 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: D.S. Wil 4/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #