2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003986

FILED Apr 02, 2008 Secretary of State

Entity Name: REFLECTION LAKES ONE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 **Current Mailing Address: New Mailing Address:** 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 61-1408521 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC. 2180 W SR 434 STE 5000 LONGWOOD, FL 327795044 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition MCCORMICK, JOHN COSSENTINO, JOHN Name: Name: 13970 LAKE MAHOGANY BLVD #2012 Address: 7811 REFLECTING POND CT#1612 Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: FORT MYERS, FL 33907 Title: PD () Delete Title: () Change () Addition BECK, RICHARD Name: Name: Address: 7820 REFLECTING POND CT #1311 Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: Title: () Delete Title: () Change () Addition GRUBB, HAROLD L Name: Name: 13870 LAKE MAHAGONY #521 Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: () Delete Title: VPD Title: () Change () Addition Name: BOSTIC, AMY Name: 13890 LAKE MAHOGANY BLVD#714 Address: Address: City-St-Zip: FORT MYERS, FL 33907 City-St-Zip: Title: () Delete Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Name:

Address:

City-St-Zip:

SCOTT, CHARLIE

FORT MYERS, FL 33907

13900 LAKE MAHOGANY BLVD #822

SIGNATURE: RICHARD BECK PD 04/02/2008

HARRELSON, TREVOR

FORT MYERS, FL 33907

7821 REFLECTING POND #1712

Name:

Address:

City-St-Zip: