2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N01000003986

Entity Name: REFLECTION LAKES ONE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 61-1408521 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC.
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 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: SD ( ) Delete
Name: COSSENTINO, JOHN
Address: 7811 REFLECTING POND CT#1612
City-St-Zip: FORT MYERS, FL 33907

Title: PD ( ) Delete
Name: BECK, RICHARD
Address: 7820 REFLECTING POND CT #1311
City-St-Zip: FORT MYERS, FL 33907

Title: TD ( ) Delete
Name: GRUBB, HAROLD L
Address: 13870 LAKE MAHAGONY #521
City-St-Zip: FORT MYERS, FL 33907

Title: VPD ( ) Delete
Name: BOSTIC, AMY
Address: 13890 LAKE MAHOGANY BLVD#714
City-St-Zip: FORT MYERS, FL 33907

Title: D ( ) Delete
Name: SCOTT, CHARLIE
Address: 13900 LAKE MAHOGANY BLVD #822
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change ( ) Addition
Name: BISSET, DUANE
Address: 7831 REFLECTING POND CT #1822
City-St-Zip: FORT MYERS, FL 33907

Title: D (X) Change ( ) Addition
Name: COHEN, DEAN
Address: 13990 LAKE MAHAGONY BLVD #2214
City-St-Zip: FORT MYERS, FL 33907

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

Title: PD (X) Change ( ) Addition
Name: SCOTT, CHARLIE
Address: 13900 LAKE MAHOGANY BLVD #822
City-St-Zip: FORT MYERS, FL 33907

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.

SIGNATURE: CHARLIE SCOTT PD 03/04/2009

Electronic Signature of Signing Officer or Director — Date