

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90085 018 ****61.25

DOCUMENT # N01000003986

1. Entity Name

REFLECTION LAKES ONE CONDOMINIUM ASSOCIATION, IN C.



Principal Place of Business

**14009 CLEARWATER LANE
FORT MYERS FL 33907**

Mailing Address

**14009 CLEARWATER LANE
FORT MYERS FL 33907**

2. Principal Place of Business

14001 LAKE MAHOGANY BLVD

Suite, Apt. #, etc.

2311

3. Mailing Address

14001 LAKE MAHOGANY BLVD

Suite, Apt. #, etc.

2311

City & State

FORT MYERS

City & State

FORT MYERS

FL

Zip

33907

Country

USA

Zip

33907

Country

USA



☒ CHECK HERE IF MAKING CHANGES

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

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **PD** ☐ Delete
NAME **COUGHLIN, JAY**
STREET ADDRESS **14009 CLEARWATER LANE**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **VD** ☒ Delete
NAME **COBB, DAVID A**
STREET ADDRESS **14009 CLEARWATER LANE**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE **STD** ☒ Delete
NAME **KEY-BUXTON, WENDY**
STREET ADDRESS **14009 CLEARWATER LANE**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **14001 LAKE MAHOGANY BLVD #2311**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Change ☒ Addition
NAME **BRIAN HOPKE**
STREET ADDRESS **14001 LAKE MAHOGANY BLVD #2311**
CITY-ST-ZIP **FT MYERS FL 33907**

TITLE ☐ Change ☒ Addition
NAME **STD MARCEL SAMPLES**
STREET ADDRESS **14001 LAKE MAHOGANY BLVD # 2311**
CITY-ST-ZIP **FT MYERS, FL 33907**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or without like empowered.

SIGNATURE: **SIGNATURE REQUIRED JAY COUGHLIN 4/29/03 239-590-9099**

CR2E037 (10/02)