2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004363

FILED Apr 16, 2009 Secretary of State

Entity Name: REFLECTIONS OF HILLSBOROUGH ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

4131 GUNN HWY TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

4131 GUNN HWY
4121 GUNN HIGHWAY
TAMPA, FL 33618

FEI Number: 54-2100053 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:

FRISCIA, FRANK
500 N. WEST SHORE, SUITE 830
TAMPA FL 34677 US
FRISCIA, FRANK
5550 W. EXECUTIVE DR
SUITE 250

TAMPA, FL 34677 US SUITE 250 TAMPA, FL 33609 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.

CICNATUDE: EDANICEDISCIA

SIGNATURE: FRANK FRISCIA 04/16/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: MORRISON, DAN Name: MORRISON, DAN

 Name:
 MORRISON, DAN
 Name:
 MORRISON, DAN

 Address:
 5005 MIRROR RIDGE CT.
 Address:
 4131 GUNN HWY

 City-St-Zip:
 LUTZ, FL 33558
 City-St-Zip:
 TAMPA, FL 33618

Title: VPD () Delete Title: VPD (X) Change () Addition Name: FIGUEROA, MARCOS Name: FIGUEROA, MARCOS

 Address:
 18208 TIVOLI LANE
 Address:
 4131 GUNN HWY

 City-St-Zip:
 LUTZ, FL 33558 US
 City-St-Zip:
 TAMPA, FL 33618 US

Title: SD () Delete Title: SD (X) Change () Addition

 Name:
 SIMONSEN, TAMMY
 Name:
 SIMONSEN, TAMMY

 Address:
 5014 TORREY HILLS LAVE
 Address:
 4131 GUNN HWY

 City-St-Zip:
 LUTZ, FL 33558
 City-St-Zip:
 TAMPA, FL 33618

Title: VP () Delete Title: TD (X) Change () Addition

Name: MORRISON, DAN Name: SARDEGNA, JACK
Address: 5005 MIRROR RIDGE COURT Address: 4131 GUNN HWY

 City-St-Zip:
 LUTZ, FL 33558
 City-St-Zip:
 TAMPA, FL 33618

 Title:
 TD () Delete
 Title:
 D (X) Change () Addition

 Title:
 TD
 () Delete
 Title:
 D
 (X) Change

 Name:
 SARDEGNA, JACK
 Name:
 HAY, SHAWN

 Address:
 5008 MIRROR RIDGE
 Address:
 4131 GUNN HWY

 City-St-Zip:
 LUTZ, FL 33558
 City-St-Zip:
 TAMPA, FL 33618

Title: D (X) Delete Title: () Change () Addition

 Name:
 DAVIDSON, BRIAN
 Name:

 Address:
 5015 BRIDGEWAY LANE
 Address:

 City-St-Zip:
 LUTZ, FL 33558
 City-St-Zip:

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: DAN MORRISON PD 04/16/2009

Electronic Signature of Signing Officer or Director

Date