2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90429 040 ****61.25

DOCUMENT # N02000004851

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

Principal Place of Business	Mailing Address
14001 LAKE MAHOGANY BLVD. #2311 FORT MYERS, FL 33907	14001 LAKE MAHOGANY BLVD. #2311 FORT MYERS, FL 33907

04052004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o the Management Connection, Inc 8270 College Parkway, Suite 103 Fort Myers, Florida 33919	c/o the Management Connection, Inc 8270 College Parkway, Suite 103 Fort Myers, Florida 33919
Zip: Country: LEE	Zip: Country: LEE

4. FEI Number: 58-2670515 ☐ 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
ADAMS, JOSEPH E ESQ 14241 METROPOLIS AVE SUITE 100 FT MYERS, FL 33912-0000	Name: ARLENE A FREDEN Street Ad: 8270 COLLEGE PARKWAY #103 FORT MYERS, FL 33919 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: Arlene A. Freden (AM, CPM) ARLENE A FREDEN 4-20-04
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, 2004

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	PD COUGHLIN, JAY 14001 LAKE MAHOGANY BLVD., #2311 FORT MYERS, FL 33907	☒ Delete	PD EHRNFELT, PAUL 7890 LAKE SAWGRASS LOOP #4711 FORT MYERS, FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOPKE, BRIAN 14001 LAKE MAHOGANY BLVD., #2311 FORT MYERS, FL 33907	☒ Delete	VPD BROCHU, PHILIP 7856 LAKE SAWGRASS LOOP #4212 FORT MYERS, FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SAMPLES, MARCEL 14001 LAKE MAHOGANY BLVD., #2311 FORT MYERS, FL 33907	☒ Delete	SD FRISENDA, MARIA 7850 LAKE SAWGRASS LOOP #4113 FORT MYERS, FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TD HALVERSON, TIMOTHY 7880 LAKE SAWGRASS LOOP #4911 FORT MYERS, FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D SWEENEY, DARREN 7862 LAKE SAWGRASS LOOP #4312 FORT MYERS, FL 33907	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: Paul R Ehrnfelt PAUL EHRNFELT 4-20-04 239-415-7408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PD