

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90199 034 ****61.25

DOCUMENT # N02000004851															
1. Entity Name REFLECTION LAKES THREE CONDOMINIUM ASSOCIATION, INC.															
Principal Place of Business 5 HENKE PROPERTY MANAGEMENT INC. 6213-A PRESIDENTIAL COURT FORT MYERS, FL 33919			Mailing Address 5 HENKE PROPERTY MANAGEMENT INC. 6213-A PRESIDENTIAL COURT FORT MYERS, FL 33919												
2. Principal Place of Business		3. Mailing Address													
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03302005 Chg-NP CR2E037 (10/03)											
City & State		City & State		4. FEI Number 58-2670515											
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required											
6. Name and Address of Current Registered Agent FREDEN, ARLENE A 8270 COLLEGE PARKWAY, STE 103 FORT MYERS, FL 33919			7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name <i>Henke, Carol J</i></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) <i>40 Henke Property Mgt Inc</i></td> </tr> <tr> <td colspan="2" style="padding: 2px;"><i>6213-A Presidential Ct</i></td> </tr> <tr> <td style="padding: 2px;">City <i>Fort Myers</i></td> <td style="padding: 2px;">State <i>FL</i></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Zip Code <i>33919</i></td> </tr> </table>			Name <i>Henke, Carol J</i>		Street Address (P.O. Box Number is Not Acceptable) <i>40 Henke Property Mgt Inc</i>		<i>6213-A Presidential Ct</i>		City <i>Fort Myers</i>	State <i>FL</i>	Zip Code <i>33919</i>	
Name <i>Henke, Carol J</i>															
Street Address (P.O. Box Number is Not Acceptable) <i>40 Henke Property Mgt Inc</i>															
<i>6213-A Presidential Ct</i>															
City <i>Fort Myers</i>	State <i>FL</i>														
Zip Code <i>33919</i>															
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															
Filing Fee is \$81.25 Due by May 1, 2005		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 EHRNFELT, PAUL 7890 LAKE SAWGRASS LOOP #4711 FORT MYERS, FL 33907	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP Blair, Frank 7891 Lake Sawgrass Loop #4812 Fort Myers, FL 33907	☐ Change ☒ Addition										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROCHU, PHILIP 7856 LAKE SAWGRASS LOOP #4212 FORT MYERS, FL 33907	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Eva Hedman 7861 Lake Sawgrass Loop #4911 Fort Myers, FL 33907	☐ Change ☒ Addition										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRISENDA, MARIA 7850 LAKE SAWGRASS LOOP #4113 FORT MYERS, FL 33907	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALVERSON, TIMOTHY 7880 LAKE SAWGRASS LOOP #4911 FORT MYERS, FL 33907	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Sanson, Regis 7863 Lake Sawgrass Loop #514 Fort Myers, FL 33907	☐ Change ☒ Addition										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWEENEY, DARREN 7862 LAKE SAWGRASS LOOP #4312 FORT MYERS, FL 33907	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Moore, Theresa 7890 Lake Sawgrass Loop #4714 Fort Myers, FL 33907	☐ Change ☒ Addition										
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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: <i>Frank C. Blair</i>			4-25-2005 239-481-7150												
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #												