

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004851

FILED
Apr 02, 2008
Secretary of State

Entity Name: REFLECTION LAKES THREE 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: 58-2670515

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: VPD () Delete
Name: PRANSKY, NOAH
Address: 7856 LAKE SAWGRASS LOOP #4213
City-St-Zip: FORT MYERS, FL 33907

Title: SD () Delete
Name: EHRNFELT, PAUL
Address: 7890 LAKE SAWGRASS LOOP #4711
City-St-Zip: FORT MYERS, FL 33907

Title: TD () Delete
Name: SANSON, REGIS
Address: 7863 LAKE SAWGRASS LOOP, #5514
City-St-Zip: FORT MYERS, FL 33907

Title: PD () Delete
Name: MOORE, THERESA
Address: 7890 LAKE SAWGRASS LOOP, #4714
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: PALMER, MARILYN
Address: 7840 LAKE SAWGRASS LOOP #4011
City-St-Zip: FORT MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change () Addition
Name: RAPOPORT, SUSAN
Address: 7890 LAKE SAWGRASS LOOP #4713
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: THERESA MOORE

PD

04/02/2008

Electronic Signature of Signing Officer or Director

Date