

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004851

FILED  
Mar 01, 2010  
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:**

C/O SILVERCRESTED MANAGEMENT, LLC  
3436 MARINATOWN LANE 1ST FL UNIT 4  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

2180 WEST SR 434, SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

PO BOX 1848  
FORT MYERS, FL 33902

**FEI Number:** 58-2670515

**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:**

C/O SILVERCRESTED MANAGEMENT, LLC  
3436 MARINATOWN LANE  
1ST FL UNIT 4  
NORTH FORT MYERS, FL 33903 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.

SIGNATURE: CHAD M. VAN TILBURG

03/01/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VD  
Name: PALMER, MARILYN  
Address: 7840 LAKE SAWGRASS LOOP #401  
City-St-Zip: FORT MYERS, FL 33907

Title: SD  
Name: SEVER, FIRAT  
Address: 7880 LAKE SAWGRASS LOOP #521  
City-St-Zip: FORT MYERS, FL 33907

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

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

Title: D  
Name: RAPOPORT, SUSAN  
Address: 7890 LAKE SAWGRASS LOOP #4713  
City-St-Zip: FORT MYERS, FL 33907

I hereby 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 all other like empowered.

SIGNATURE: THERESA MOORE

PD

03/01/2010

Electronic Signature of Signing Officer or Director

Date