

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004851

FILED
Apr 14, 2011
Secretary of State

Entity Name: REFLECTION LAKES THREE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

PO BOX 1848
FORT MYERS, FL 33902

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:

C/O SILVERCRESTED MANAGEMENT, LLC
3436 MARINATOWN LANE
1ST FL UNIT 4
NORTH FORT MYERS, FL 33903 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: SD
Name: PALMER, MARILYN
Address: 7840 LAKE SAWGRASS LOOP #4011
City-St-Zip: FORT MYERS, FL 33907

Title: TD
Name: ENGELAND, CHARLES
Address: 1677 SHERWOOD FORREST CIRCLE
City-St-Zip: MISSISSAUGA,, ON L5K 2G8 CA

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

Title: VD
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 MONROE

PD

04/14/2011

Electronic Signature of Signing Officer or Director

Date