

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90085 017 ****61.25

DOCUMENT # N02000004851

1. Entity Name

REFLECTION LAKES THREE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

**14009 CLEARWATER LANE
FORT MYERS FL 33907**

Mailing Address

**14009 CLEARWATER LANE
FORT MYERS FL 33907**

2. Principal Place of Business

14001 LAKE MAHOGANY BLVD

3. Mailing Address

14001 LAKE MAHOGANY BLVD

Suite, Apt. #, etc.

#2311

Suite, Apt. #, etc.

#2311

City & State

FT. MYERS FL

City & State

FT. MYERS FL

Zip

33907

Country

USA

Zip

33907

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ADAMS, JOSEPH E ESQ
13515 BELL TOWER DRIVE SUITE 101
FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COUGHLIN, JAY 14009 CLEARWATER LANE FORT MYERS FL 33907	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COBB, DAVID A 14009 CLEARWATER LANE FORT MYERS FL 33907	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KEY-BUXTON, WENDY 14009 CLEARWATER LANE FORT MYERS FL 33907	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 14001 LAKE MAHOGANY BLVD # 2311 FT. MYERS FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition VD BRIAN HOPIKE 14001 LAKE MAHOGANY BLVD # 2311 FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition STD MARCEL SAMPLES 14001 LAKE MAHOGANY BLVD # 2311 FT. MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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:

SIGNATURE: JOSEPH E ADAMS

4/29/03 239-590-9099

CR2E037 (10/02)