

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007735

FILED
Apr 30, 2008
Secretary of State

Entity Name: MARION REFLECTIONS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2605 SW 33RD ST
SUITE 200
OCALA, FL 34474

New Principal Place of Business:

1136 NE 14TH ST
OCALA, FL 34470

Current Mailing Address:

P.O. BOX 2495
OCALA, FL 34478

New Mailing Address:

1136 NE 14TH ST
OCALA, FL 34470

FEI Number: 20-4513296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRKPATRICK, KENNETH
2605 S.W. 33RD ST.
SUITE 200
OCALA, FL 34474 US

Name and Address of New Registered Agent:

GORDON, YVONNE
1136 NE 14TH ST
OCALA, FL 34470 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: YVONNE GORDON

04/30/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUTAPFEL, JEFF
Address: 1850 SW 28TH PLACE
City-St-Zip: OCALA, FL 34474

Title: PD () Delete
Name: SMITH, LINDA
Address: 1807 SILVERWOOD AVE.
City-St-Zip: INVERNESS, FL 34450

Title: STD () Delete
Name: GORDON, YVONNE
Address: 163 HICKORY RD.
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GORDON, YVONNE
Address: 1136 NE 14TH ST
City-St-Zip: OCALA, FL 34470

Title: STD (X) Change () Addition
Name: JOHNSON, ROBERT
Address: 1136 NE 14TH ST
City-St-Zip: OCALA, FL 34470

Title: D (X) Change () Addition
Name: AJAYI, STEPHANIE
Address: 1136 NE 14TH ST
City-St-Zip: OCALA, FL 34470

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: YVONNE GORDON

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date