

FILED
Jul 28, 2006 8:00 am
Secretary of State

04-27-2006 90197 048 ****61.25

**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N05000008861																											
1. Entity Name REFLECTIONS OF SARASOTA OWNERS ASSOCIATION, INC.																											
Principal Place of Business 569 INTERSTATE BOULEVARD SARASOTA, FL 34240		Mailing Address 569 INTERSTATE BOULEVARD SARASOTA, FL 34240																									
2. Principal Place of Business 101 Arthur Andersen Blvd Suite, Apt. #, etc. Suite #150 City & State Sarasota FL Zip 34232 Country USA		3. Mailing Address 210 Sun Vast Mgmt. Suite, Apt. #, etc. 381 Interstate Blvd City & State Sarasota FL Zip 34240 Country USA																									
4. FE Number		03202006 Chg-NP CR2ED37 (11/05)																									
5. Confirmation of Status Desired ☐		☒ \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SCHLOSSER, RICHARD A ESQ 500 E. KENNEDY BLVD SUITE 200 TAMPA, FL 33602		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 Types in Direct Name of Registered Agent and only if applicable (N/A): Registered Agents agree to represent and maintain the DATE _____																											
Filing Fee is \$81.25 Due by May 1, 2008		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 attachments with all other filer empowered.																											
SIGNATURE: _____ SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Signature Types in																											

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