

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001844

FILED
Jul 25, 2008
Secretary of State

Entity Name: REFLECTION OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1617 SANTA BARBARA BOULEVARD
CAPE CORAL, FL 33991

New Principal Place of Business:

Current Mailing Address:

1617 SANTA BARBARA BOULEVARD
CAPE CORAL, FL 33991

New Mailing Address:

FEI Number: 32-0195476 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

VALENTINE, MATTHEW
1617 SANTA BARBARA BOULEVARD
CAPE CORAL, FL 33991 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: VALENTINE, MATTHEW
Address: 1617 SANTA BARBARA BOULEVARD
City-St-Zip: CAPE CORAL, FL 33991

Title: DV () Delete
Name: VALENTINE, MICHAEL
Address: 1617 SANTA BARBARA BOULEVARD
City-St-Zip: CAPE CORAL, FL 33991

Title: DT () Delete
Name: VALENTINE, CONNIE
Address: 1617 SANTA BARBARA BOULEVARD
City-St-Zip: CAPE CORAL, FL 33991

Title: DS () Delete
Name: VALENTINE, CRISTY
Address: 1617 SANTA BARBARA BOULEVARD
City-St-Zip: CAPE CORAL, FL 33991

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MATTHEW VALENTINE

PRES

07/25/2008

Electronic Signature of Signing Officer or Director

Date