

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001844

FILED  
Feb 23, 2011  
Secretary of State

**Entity Name:** REFLECTION OFFICE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1611 SANTA BARBARA BOULEVARD  
C  
CAPE CORAL, FL 33991

**New Principal Place of Business:**

**Current Mailing Address:**

1611 SANTA BARBARA BOULEVARD  
C  
CAPE CORAL, FL 33991

**New Mailing Address:**

**FEI Number:** 32-0195476

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

VALENTINE, MATTHEW  
2840 HUNTER STREET  
FORT MYERS, FL 33916 US

**Name and Address of New Registered Agent:**

MAHER, ROBERT T  
1611 SANTA BARBARA BOULEVARD  
SUITE C  
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: ROBERT T. MAHER

02/23/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MAHER, ROBERT T  
Address: 1611 SANTA BARBARA BOULEVARD, SUITE C  
City-St-Zip: CAPE CORAL, FL 33991

Title: DS  
Name: WINKELSAS, TIFFANY A  
Address: 1611 SANTA BARBARA BOULEVARD, SUITE C  
City-St-Zip: CAPE CORAL, FL 33991

Title: DT  
Name: MAHER, ROBERT T  
Address: 1611 SANTA BARBARA BOULEVARD, SUITE C  
City-St-Zip: CAPE CORAL, FL 33991

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: ROBERT T. MAHER

P

02/23/2011

Electronic Signature of Signing Officer or Director

Date