

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010576

FILED
May 01, 2009
Secretary of State

Entity Name: REFLECTIONS CLUBHOUSE, INC.

Current Principal Place of Business:

5753 MIAMI LAKES DRIVE EAST
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5753 MIAMI LAKES DRIVE EAST
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

QUESADA, PABLO S
2333 PONCE DE LEON BLVD.
SUITE 302
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: CLODFELTER, DAVID
Address: 5753 MIAMI LAKES DRIVE EAST
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Change (X) Addition
Name: CLODFELTER, DARRYL
Address: 5753 MIAMI LAKES DRIVE EAST
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Change (X) Addition
Name: CLODFELTER, MADELINE
Address: 5753 MIAMI LAKES DRIVE EAST
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Change (X) Addition
Name: MESA, LEONEL DR
Address: 5753 MIAMI LAKES DRIVE EAST
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Change (X) Addition
Name: PALKO, KATHERINE DR.
Address: 5753 MIAMI LAKES DRIVE EAST
City-St-Zip: MIAMI LAKES, FL 33014

Title: D () Change (X) Addition
Name: WILLIAMS, STANLEY
Address: 5753 MIAMI LAKES DRIVE EAST
City-St-Zip: MIAMI LAKES, FL 33014

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: DR. LEONEL MESA

D

05/01/2009

Electronic Signature of Signing Officer or Director

Date