

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 27 PM 2:41

DOCUMENT # N13796

1. Entity Name
REFLECTIONS CONDOMINIUM 1 ASSOCIATION, INC.



Principal Place of Business
4901 BIRCH ST
NEWPORT BEACH, CA 92660 US

Mailing Address
4901 BIRCH ST
NEWPORT BEACH, CA 92660 US



01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0119791

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PENTHOUSE 1
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P/D
NAME SURYAN, FRANK
STREET ADDRESS 4901 BIRCH ST
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE V/D
NAME FRANKEL, RICHARD
STREET ADDRESS 4490 VONM KARMAN
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE S/D
NAME MARTIN, CHERYL
STREET ADDRESS 4901 BIRCH ST
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE T
NAME MURPHY, DIANE J
STREET ADDRESS 4901 BIRCH ST
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

300045888413
02/03/05--01003--023 **70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 an address, with all other like empowered.

SIGNATURE: Frank T. Suryan, Jr. (949) 252-9101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #