

**N 13796**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

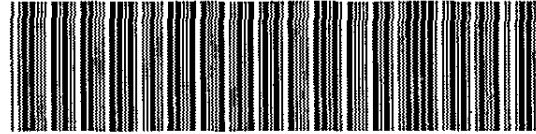
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/13/07--01013--018 \*\*35.00

APPROVED  
AND  
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07 AUG 13 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Chong*

C. Coulllette AUG 16 2007



CHARLES BACLET  
AND  
ASSOCIATES, INC.

**VIA U.S. MAIL**

August 6, 2007

Division of Corporations  
Florida Department of State  
P. O. Box 6327  
Tallahassee FL 32314

**RE: Reflections Condominium 1 Association, Inc.**

Dear Sir/Madam:

Enclosed for filing, please find the appropriate documents required by your state for changing the registered agent to National Registered Agents, Inc. Also, please find a check in the amount of \$35.00 to cover your filing fees.

Please process as soon as possible and return a filed stamped copy in the enclosed self-addressed stamped envelope.

If you have any questions or if I can help you in any way possible, please call.

Very truly yours,

**CHARLES BACLET AND ASSOCIATES, INC.**

Nicole Hase

Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** REFLECTIONS CONDOMINIUM 1 ASSOCIATION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N13796

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sophy Keo

(Name of Contact Person)

Charles Baclet and Associates, Inc.

(Firm/Company)

2030 Main Street, Suite 1030

(Address)

Irvine, California 92614

(City/State and Zip Code)

For further information concerning this matter, please call:

Sophy Keo

(Name of Contact Person)

at ( 949 ) 955-9585

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: REFLECTIONS CONDOMINIUM 1 ASSOCIATION, INC.
2. The principal office address: 4901 Birch Street  
Newport Beach, CA 92660
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: March 12, 1986 Document number: N13796
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

CT Corporation System

1200 South Pine Island Road, Penthouse 1

Plantation, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

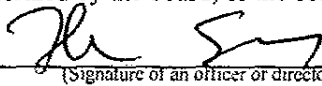
2731 Executive Park Drive, Suite 4

(P.O. Box NOT acceptable)

Weston, FL 33331

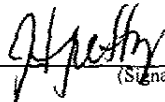
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
(Signature of an officer or director)

Frank T. Suryan Jr., President  
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
(Signature of Registered Agent)

8-6-07  
(Date)

If signing on behalf of an entity:

JoAn T. Petty, Assistant Secretary

(Typed or Printed Name)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

07 AUG 13 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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