2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008
Secretary of State

DOCUMENT# N13797

Entity Name: REFLECTIONS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4901 BIRCH STREET
NEWPORT BEACH, CA 92660 US

New Principal Place of Business:

Current Mailing Address:

4901 BIRCH STREET
NEWPORT BEACH, CA 92660 US

New Mailing Address:

FEI Number: 65-0119801 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
STE. 4
WESTON, FL 33331 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:	PD	( ) Delete
Name:	SURYAN, FRANK T	
Address:	4901 BIRCH STREET	
City-St-Zip:	NEWPORT BEACH, CA 92660	
Title:	VD	(X) Delete
Name:	FRANKEL, RICHARD E	
Address:	4490 VON KARMAN	
City-St-Zip:	NEWPORT BEACH, CA 92660	
Title:	SD	( ) Delete
Name:	MARTIN, CHERYL A	
Address:	4901 BIRCH STREET	
City-St-Zip:	NEWPORT BEACH, CA 92660	
Title:	T	( ) Delete
Name:	MURPHY, DIANE J	
Address:	4901 BIRCH STREET	
City-St-Zip:	NEWPORT BEACH, CA 92660	

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:	T	(X) Change ( ) Addition
Name:	SOUTHRON, SCOTT A	
Address:	4901 BIRCH STREET	
City-St-Zip:	NEWPORT BEACH, CA 92660	

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: SCOTT A SOUTHRON TRE 02/07/2008

Electronic Signature of Signing Officer or Director — Date