

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 16 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N22681 (3)



REFLECTIONS AT IMPERIAL LAKE HOMEOWNERS ASSOCIATION INC.

Principal Place of Business 12434 N.W. 7TH LANE MIAMI FL 33182		Mailing Address 400 S.W. 107TH AVE. STE. 312 MIAMI FL 33174		3. Date Incorporated or Qualified 09/25/1987	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 65-0296675	
23 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ALVAREZ, JUANA R 12446 N.W. 7TH LANE MIAMI FL 33182				10. Name and Address of New Registered Agent			
				81 Name CARROLL L. PAYNE			
				82 Street Address (P.O. Box Number Is Not Acceptable) 6075 S.W. 72 STREET			
				83 Suite 400			
				84 City Miami		85 Zip Code FL 33143	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1/21/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME XXXXXXXXXXXX		1.2 NAME VITALIA ARIAS	
STREET ADDRESS XXXXXXXXXXXX		1.3 STREET ADDRESS 12543 N.W. 7 Lane	
CITY-ST-ZIP MIAMI FL 33182		1.4 CITY-ST-ZIP Miami, FL 33182	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME XXXXXXXXXXXX		2.2 NAME NELLY SEEKINS	
STREET ADDRESS XXXXXXXXXXXX		2.3 STREET ADDRESS 12642 N.W. 7 Lane	
CITY-ST-ZIP MIAMI FL 33182		2.4 CITY-ST-ZIP Miami, FL 33182	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALVAREZ, JUANA		3.2 NAME	
STREET ADDRESS 12446 NW 7TH LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME XXXXXXXXXXXX		4.2 NAME NERY RODRIGUEZ	
STREET ADDRESS XXXXXXXXXXXX		4.3 STREET ADDRESS 12538 N.W. 7 Lane	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP Miami, FL 33182	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME XXXXXXXXXXXX		5.2 NAME HENRY LOAISIGA	
STREET ADDRESS XXXXXXXXXXXX		5.3 STREET ADDRESS 12368 N.W. 7 Lane	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP Miami, FL 33182	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/21/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Vitalia Arias (305) 559-5915**

CFR2037 (10/97)