

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N22681</b> 1. Entity Name <b>REFLECTIONS AT IMPERIAL LAKE HOMEOWNERS ASSOCIATION INC.</b>					
Principal Place of Business 12446 NW 7 LANE MIAMI, FL 33182		Mailing Address 435 SW 123 AVE MIAMI, FL 33184			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 7600 W 20AVE Suite, Apt. #, etc. Suite 217		11032004 Chg-NP CR2E037 (10/03)	
City & State Miami, FL		City & State Hialeah, FL		4. FEI Number 65-0296675	
Zip 33016		Country Dade		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent ALVAREZ, J. ROSA 12446 NW 7TH LANE MAIMI, FL 33182				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete LOAISIGA, HENRY 12368 NW 7TH LN MIAMI, FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900042765409 11/16/04--01015--003 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete SANCHEZ, HUMBERTO 12438 NW 7 LANE MIAMI, FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPD Lucy Ruiz 12376 NW 7 lane MIAMI, FL 33182		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete ALVAREZ, ROSA 12446 NW 7TH LANE MIAMI, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SALAZAR, TITO 12522 NW 7 LANE MIAMI, FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Lopez JOSE A 12517 NW 7 lane MIAMI, FL 33182		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Delete LOPEZ, JOSE A 12517 NW 7 LANE MIAMI, FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VPD Diana Silva 12380 NW 7 lane MIAMI, FL 33182		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> _____ Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					