


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

**FILED
Aug 17, 2005 08:00 AM
Secretary of State**

DOCUMENT # N22681
1. Entity Name
REFLECTIONS AT IMPERIAL LAKE HOMEOWNERS ASSOCIATION INC.



Principal Place of Business: 12446 NW 7 LANE, MIAMI FL 33182
Mailing Address: 7600 W 20 AVE, SUITE 217, HIALEAH FL 33016



2. Principal Place of Business: Suite, Apt #, etc.
3. Mailing Address: Suite, Apt #, etc.

2nd MOORE CR2E037 (5/05)

City & State, Zip, Country

4. FEI Number: 65-0296675
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

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: *[Signature]* DATE: 08-03-05

**FILE NOW: FEE IS \$61.25
Due By September 7, 2005**

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

**Make Check Payable to
Florida Department of State**

10. TD OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOAISIGA, HENRY 12368 NW 7TH LN MIAMI FL 33182 VD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RUIZ, LUCY 12376 NW 7 LANE MIAMI FL 33182 SD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALVAREZ, ROSA 12446 NW 7TH LANE MIAMI FL D <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOPEZ, JOSE A 15217 NW 7 LANE MIAMI FL 33182 PD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SILVA, DIANA 12380 NW 7 LANE MIAMI FL 33182 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000376559 08/17/05-80002-001 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]* DATE: 08-03-05