


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90016 011 ****70.00

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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 - No P.O. Box # <i>No Courtesy Property Mgmt</i> Suite, Apt. #, etc. 13250 SW 135 Ave		3. Mailing Address <i>No Courtesy Property Mgmt</i> Suite, Apt. #, etc. 13250 SW 135 Ave	
City & State MIAMI, FL		City & State MIAMI FL	
Zip 33186	Country USA	Zip 33186	Country USA
4. FEI Number 65-0296675		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03092007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent ALVAREZ, J. ROSA 12446 NW 7TH LANE MIAMI, FL 33182		7. Name and Address of New Registered Agent Name <i>SKRLD, Inc.</i> Street Address (P.O. Box Number is Not Acceptable) <i>201 Alhambra Circle # 102</i> City <i>Coral Gables</i> FL Zip Code <i>33134</i>	
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 <i>[Signature]</i> Lisa Lerner, Secretary Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOAISIGA, HENRY 12368 NW 7TH LN MIAMI, FL 33182 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, Vinicio A, MBA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12514 NW 7 LN MIAMI FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUIZ, LUCY 12376 NW 7 LANE MIAMI, FL 33182 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PD TAFURA, MARINA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12419 NW 7LN MIAMI FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALVAREZ, ROSA 12446 NW 7TH LANE MIAMI, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATOS, MATILDE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12616 NW 7LN MIAMI FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, JOSE A <input checked="" type="checkbox"/> Delete 15217 NW 7 LANE MIAMI, FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GONZALEZ, Jose <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12629 NW 7LN MIAMI FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SILVA, DIANA <input checked="" type="checkbox"/> Delete 12380 NW 7 LANE MIAMI, FL 33182	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, Felipe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12376 NW 7 LN 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 exemptions contained 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 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: <i>[Signature]</i> VINICIO A. GONZALEZ, MBA		Date: <i>3/24/07</i> (305) 222-9203	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
(President of Board of Directors)			