

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N33902

1. Entity Name
REFLECTIONS CONDOMINIUM 2 ASSOCIATION, INC.



Principal Place of Business

4901 BIRCH STREET
NEWPORT BCH, CA 92660 US

Mailing Address

4901 BIRCH STREET
NEWPORT BCH, CA 92660 US

FILED
04 FEB -6 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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01142004 No Chg-NP CR2E037 (10/03)

4. FEI Number
58-1862958

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION, FL 33324

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IN THIS SPACE**

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, 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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SURYAN, FRANK T
STREET ADDRESS 4901 BIRCH STREET
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE VD
NAME FRANKEL, RICHARD E.
STREET ADDRESS 4490 VON KARMAN
CITY-ST-ZIP NEWPORT BEACH, CA

TITLE SD
NAME MARTIN, CHERYL A
STREET ADDRESS 4901 BIRCH STREET
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE T
NAME MURPHY, DIANE J
STREET ADDRESS 4901 BIRCH STREET
CITY-ST-ZIP NEWPORT BEACH, CA 92660

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

900029946729
03/05/04--01028--015 **61.25

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IN THIS SPACE**

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: Frank T. Suryan, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(949) 252-9101

Date

Daytime Phone #