

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JAN 27 PM 2:52

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



01172005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

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

**DO NOT WRITE  
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, 2005

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

400045888324  
02/03/05--01003--020 \*\*70.00

**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frank T. Suryan, Jr. (949) 252-9101

Date

Daytime Phone #