

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38214

FILED
Jun 17, 2009
Secretary of State

Entity Name: REFLECTIONS OF JULIANA HOMEOWNERS' ASSOCIATION OF POLK COUNTY, INC.

Current Principal Place of Business:

105 REFLECTIONS BLVD
AUBURNDALE, FL 338239349 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1900
AUBURNDALE, FL 33823 US

New Mailing Address:

FEI Number: 59-2966040 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EISENBERG, RUSSELL H
104 RAIN TREE COURT
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOWELL, JOSEPH A
Address: 106 REFLECTIONS BLVD
City-St-Zip: AUBURNDALE, FL 338239349

Title: S () Delete
Name: GILES, PAT
Address: 118 RAIN TREE CT
City-St-Zip: AUBURNDALE, FL 338239349

Title: D () Delete
Name: BURMAN, DAVID
Address: 121 RAIN TREE COURT
City-St-Zip: AUBURNDALE, FL 338239349

Title: D () Delete
Name: HOOD, KEN
Address: 238 SPARKLING COURT
City-St-Zip: AUBURNDALE, FL 338239349

Title: T () Delete
Name: NOEL, GARY
Address: 105 REFLECTION BLVD
City-St-Zip: AUBURNDALE, FL 338239349

Title: D () Delete
Name: TAYLOR, GUY
Address: 158 IMAGE COURT
City-St-Zip: AUBURNDALE, FL 338239349

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BURMAN, DAVID
Address: 121 RAIN TREE COURT
City-St-Zip: AUBURNDALE, FL 338239349

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NOWELL, JOSEPH A
Address: 106 REFLECTION BLVD
City-St-Zip: AUBURNDALE, FL 338239349

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY S NOEL

T

06/17/2009

Electronic Signature of Signing Officer or Director

Date