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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43584 (4)

1. Corporation Name

REFLECTIONS AT ROCK CREEK HOMEOWNERS' ASSOCIATIO N, INC.

POSTED 24

| Principal Place of Business | Mailing Address |
|---|---|
| ~~2660 REGALIA PLACE~~<br>~~COOPER CITY FL 33026~~ | ~~2660 REGALIA PLACE~~<br>~~COOPER CITY FL 33026~~ |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1991
3a. Date of Last Report: 05/20/1994
4. FEI Number: 65-0285119 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ ~~No~~

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 951 Broadview Sound Pkwy | 26 951 Broadview Sound Pkwy |
| Suite, Apt. #, etc.<br>22 250 | Suite, Apt. #, etc.<br>27 250 |
| City & State<br>23 Boca Raton FL | City & State<br>28 Boca Raton FL |
| Zip<br>24 33487 | Country<br>25 Palm Beach |
| Zip<br>29 33487 | Country<br>30 Palm Beach |

9. Name and Address of Current Registered Agent

~~PERLMAN & PERLOW, P.A.~~
~~1820 E. HALLANDALE BEACH BLVD.~~
~~HALLANDALE FL 33009~~

10. Name and Address of New Registered Agent

81 Name: Community Association Services
82 Street Address (P.O. Box Number is Not Acceptable): 951 Broadview Sound Parkway
83 Suite 250
84 City: Boca Raton FL 85 Zip Code: 33487

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Howard Wolofsky Joel Messinger 4-20-95
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ~~PD~~ | 11 TITLE | P.D. ☐ Change ☐ Addition |
| NAME | ~~WOLOFSKY, HOWARD~~ | 12 NAME | Bruce Solow |
| STREET ADDRESS | ~~2660 REGALIA PLACE~~ | 13 STREET ADDRESS | 11332 Bowood Way PO |
| CITY ST ZIP | ~~COOPER CITY FL~~ | 14 CITY ST ZIP | ~~Boca Raton FL~~ 33026 Cooper City |
| TITLE | ~~STD~~ | 21 TITLE | P.D. ☐ Change ☐ Addition |
| NAME | ~~BURSTEIN, ROBERT~~ | 22 NAME | Gilbert A. Chodash |
| STREET ADDRESS | ~~2660 REGALIA PLACE~~ | 23 STREET ADDRESS | 11261 Reveille Rd. |
| CITY ST ZIP | ~~COOPER CITY FL~~ | 24 CITY ST ZIP | Cooper City, FL 33026 |
| TITLE | ~~VD~~ | 31 TITLE | V.P.D ☐ Change ☐ Addition |
| NAME | ~~PERLOW, JEFFREY M.~~ | 32 NAME | Mayra Mayo |
| STREET ADDRESS | ~~2660 REGALIA PLACE~~ | 33 STREET ADDRESS | 11360 Rocking Horse Rd. |
| CITY ST ZIP | ~~COOPER CITY FL~~ | 34 CITY ST ZIP | Cooper City FL 33026 |
| TITLE | | 41 TITLE | S.D. ☐ Change ☐ Addition |
| NAME | | 42 NAME | Paul Bonavia |
| STREET ADDRESS | | 43 STREET ADDRESS | 11271 Rewa Isswide Rd. |
| CITY ST ZIP | | 44 CITY ST ZIP | Cooper City FL 33026 |
| TITLE | | 51 TITLE | D ☐ Change ☐ Addition |
| NAME | | 52 NAME | Marvin Berkowitz |
| STREET ADDRESS | | 53 STREET ADDRESS | 11324 Reveille Rd. |
| CITY ST ZIP | | 54 CITY ST ZIP | Cooper City, FL 33026 |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

$10 Deposit REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Bruce Solow 4-24-95 407-994-1788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038681