FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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.

Principal Place of Business	Mailing Address
~~951 BROKEN SOUND PKWY~~ ~~250~~ ~~BOCA RATON FL 33487~~	~~951 BROKEN SOUND PKWY~~ ~~250~~ ~~BOCA RATON FL 33487~~

3. Date Incorporated or Qualified: 05/24/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 Summit Prop. Mgmt
Suite, Apt. #, etc.
22 PO Box 189013
City & State
23 Plantation, FL
Zip 24 33318 Country 25 USA

2a. Mailing Address
26 PO Box 189013
Suite, Apt. #, etc.
27
City & State
28 Plantation, FL
Zip 29 33318 Country 30 USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~COMMUNITY ASSOCIATION SERVICES~~
~~951 BROKEN SOUND PKWY~~
~~SUITE 250~~
~~BOCA RATON FL 33487~~

10. Name and Address of New Registered Agent

81 Name: Summit Property Mgmt.
82 Street Address (P.O. Box Number is Not Acceptable): 6289 W. Sunrise Blvd.
83: #202
84 City: Sunrise FL 85 Zip Code: 33313

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: [signature] V.P. [signature] 5/6/96
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~~	☑ DELETE	11 TITLE	P/D	☑ Change ☐ Addition
NAME	~~SOLOW, BRUCE~~		12 NAME	Larry Forrs	
STREET ADDRESS	~~11222 ROUNDOLAY RD~~		13 STREET ADDRESS	11201 Reveille Rd.	
CITY-ST-ZIP	~~COOPER CITY FL 33026~~		14 CITY-ST-ZIP	Cooper City, FL	
TITLE	~~TD~~	☑ DELETE	21 TITLE	V/D	☑ Change ☐ Addition
NAME	~~GHEDAK, GILBERT A~~		22 NAME	Jeff Barson	
STREET ADDRESS	~~11231 REVEILLE RD~~		23 STREET ADDRESS	11318 Rhapsody Rd.	
CITY-ST-ZIP	~~COOPER CITY FL 33026~~		24 CITY-ST-ZIP	Cooper City, FL	
TITLE	~~VD~~	☑ DELETE	31 TITLE	S/D	☑ Change ☐ Addition
NAME	~~MASSO, MAYRA~~		32 NAME	Steve Squire	
STREET ADDRESS	~~11360 ROCKING HORSE RD~~		33 STREET ADDRESS	11352 Roundelay Rd.	
CITY-ST-ZIP	~~COOPER CITY FL 33026~~		34 CITY-ST-ZIP	Cooper City, FL	
TITLE	~~SD~~	☑ DELETE	41 TITLE	T/D	☑ Change ☐ Addition
NAME	~~BONASIA, PAUL~~		42 NAME	Bruce Cutler	
STREET ADDRESS	~~11271 RENAISSANCE RD~~		43 STREET ADDRESS	11302 Roundelay Rd.	
CITY-ST-ZIP	~~COOPER CITY FL 33026~~		44 CITY-ST-ZIP	Cooper City, FL	
TITLE	D	☐ DELETE	51 TITLE		☑ Change ☐ Addition
NAME	BERKMAN, ~~MANIN~~		52 NAME	Berkman, Marvin	
STREET ADDRESS	11221 REVEILLE RD		53 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL 33026		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: [signature] P/D Lawrence Forrs 4-23-96 (954) 431-9337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #