FILE NOW: FILING FEE IS $61.25

FILED
Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
SUMMIT PROP MGMT. P. O. BOX 189013 PLANTATION FL 33318 US	P. O. BOX 189013 250 PLANTATION FL 33318-9013 US

3. Date Incorporated or Qualified: 05/24/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

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

SUMMIT PROPERTY MGMT.
~~6289 W. SUNRISE BLVD.~~
~~SUITE 202~~
~~SUNRISE FL 33313-~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 11450 W Sunrise Blvd
83: Suite 100-C
84 City: Plantation 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LARRY FONS		1.2 NAME		
STREET ADDRESS	11222 ROUNDOLAY RD		1.3 STREET ADDRESS	11201 Reveille rd.	
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	JEFF BENSON		2.2 NAME		
STREET ADDRESS	11318 RHAPSODY RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	Sec/Tres	☐ Change ☒ Addition
NAME	STEVE SQUIRE		3.2 NAME	Elam, Brian	
STREET ADDRESS	11352 ROUNDELAY RD		3.3 STREET ADDRESS	11278 Rhapsody Rd	
CITY-ST-ZIP	COOPER CITY FL		3.4 CITY-ST-ZIP	Cooper City, FL	
TITLE	TD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BRUCE CUTLER		4.2 NAME		
STREET ADDRESS	11302 ROUNDELAY RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BERKMAN, MARVIN		5.2 NAME		
STREET ADDRESS	11221 REVEILLE RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Larry Fons 1-10-97 954 431-9337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0036753