2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2000 8:00 am
Secretary of State
02-23-2000 90020 021 ****61.25

DOCUMENT # N43584

1. Entity Name

REFLECTIONS AT ROCK CREEK HOMEOWNERS' ASSOCIATIO

Principal Place of Business	Mailing Address
C/O CASTLE GROUP P. O. BOX 189013 PLANTATION FL 33318 US	C/O CASTLE GROUP P.O. BOX 189013 PLANTATION FL 33318-9013 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0285119 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~CASTLE PROPERTY SERVICES GROUP INC.~~ 4450 W. SUNRISE BLVD. SUITE 100-C PLANTATION FL 33318	Name: Castle Management, Inc. Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE Gail H. Sangunett Gail H. Sangunett, Vice President 1/28/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LARRY FONS 11201 REVIELLE RD. COOPER CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JEFF BENSON 11318 RHAPSODY RD COOPER CITY FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOUHEY, MIKE 11313 Rhapsody Rd. COOPER CITY, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ELAN, BRIAN 11278 RHAPSODY RD. COOPER CITY FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOSTON, CAROL 2711 Regalia Place COOPER CITY, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GROSS, SOLOMON 11315 ROUNDELAY ROAD COOPER CITY FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAREW, BARRY 2670 REGALIA WAY COOPER CITY FL 33026	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED~~ Barry Fons, President 1/28/00 (954) 792-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #