

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90057 035 ****61.25

DOCUMENT # N435841. Entity Name
**REFLECTIONS AT ROCK CREEK HOMEOWNERS'
ASSOCIATION, INC.**Principal Place of Business
C/O CASTLE GROUP
12270 SW 3RD STREET
PLANTATION, FL 33325 USMailing Address
C/O CASTLE GROUP
P.O. BOX 559009
FORT LAUDERDALE, FL 33355-9009 US

40117166



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0285119Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

HYMAN AND KAPLAN, PA
150 W. FLAGLER ST
STE 2701
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE VD ☐ Delete
NAME TOUHEY, MIKE
STREET ADDRESS 11313 RHAPSODY RD
CITY-ST-ZIP COOPER CITY, FLTITLE TD ☐ Delete
NAME BOSTON, CAROL
STREET ADDRESS 2711 REGALIA PL
CITY-ST-ZIP COOPER CITY, FLTITLE D ☐ Delete
NAME BLAIR, STAN
STREET ADDRESS 11292 ROUNDELAY RD
CITY-ST-ZIP COOPER CITY, FL 33026TITLE PD ☒ Delete
NAME CAREW, BARRY
STREET ADDRESS 2670 REGALIA WAY
CITY-ST-ZIP COOPER CITY, FL 33026TITLE SD ☐ Delete
NAME STOVALL, GARY
STREET ADDRESS 11241 REVELLE ROAD
CITY-ST-ZIP COOPER CITY, FL 33026TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VPD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Change ☒ Addition
NAME GRIECO, CHEYENNE
STREET ADDRESS 11230 ROCKINGHORSE ROAD
CITY-ST-ZIP COOPER CITY, FL 33026TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-724-5370