

# 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 # N47038 (7)**  
1. Corporation Name  
**REFLECTIONS CONDOMINIUM 3 ASSOCIATION, INC.**



Principal Place of Business  
**4490 VON KARMAN AVE.  
NEWPORT BEACH CA 92660  
US**

Mailing Address  
**4490 VON KARMAN AVE.  
NEWPORT BCH. CA 92660  
US**

3. Date Incorporated or Qualified  
**01/27/1992**

3a. Date of Last Report  
**04/18/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>33-0558870</b>		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23 Zip Country		28 Zip Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Zip Country		29 Zip Country		30			

## 9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

## 10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when restate)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE	<b>P/D</b>	<input type="checkbox"/> DELETE
NAME	<b>SURYAN, FRANK T.</b>	
STREET ADDRESS	<b>4490 VON KARMAN AVE.</b>	
CITY-ST-ZIP	<b>NEWPORT BEACH CA</b>	
TITLE	<b>V/D</b>	<input type="checkbox"/> DELETE
NAME	<b>FRANKEL RICHARD E.</b>	
STREET ADDRESS	<b>4490 VON KARMAN</b>	
CITY-ST-ZIP	<b>NEWPORT BEACH CA 92660</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARTIN CHERYL A.</b>	
STREET ADDRESS	<b>4490 VON KARMAN AVE.</b>	
CITY-ST-ZIP	<b>NEWPORT BEACH CA</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WHITTON LAURIE</b>	
STREET ADDRESS	<b>4490 VON KARMAN AVE.</b>	
CITY-ST-ZIP	<b>NEWPORT BEACH CA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>T</b>
4.3 STREET ADDRESS	<b>Diane J. Davis</b>
4.4 CITY-ST-ZIP	<b>4490 Von Karman Avenue Newport Beach, CA 92660</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

*Frank T. Suryan, Jr.*

**Frank T. Suryan, Jr. 4/2/96**

**714/252-9101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)