

FILE NOW: FILING FEE IS \$61.25

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May 09 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 # N47038 (7)  
1. Corporation Name  
REFLECTIONS CONDOMINIUM 3 ASSOCIATION, INC.



Principal Place of Business Mailing Address  
4490 VON KARMAN AVE. 4490 VON KARMAN AVE.  
NEWPORT BEACH CA 92660 NEWPORT BCH. CA 92660-2008  
US US

3. Date Incorporated or Qualified 01/27/1992 3a. Date of Last Report 04/12/1996

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

4. FEI Number 33-0558870 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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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 title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SURYAN, FRANK T.	1.2 NAME	
STREET ADDRESS	4490 VON KARMAN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	1.4 CITY-ST-ZIP	
TITLE	V/D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANKEL RICHARD E.	2.2 NAME	
STREET ADDRESS	4490 VON KARMAN	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA 92660	2.4 CITY-ST-ZIP	
TITLE	S/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN CHERYL A.	3.2 NAME	
STREET ADDRESS	4490 VON KARMAN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANE J. DAVIS	4.2 NAME	
STREET ADDRESS	4490 VON KARMAN AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEWPORT BEACH CA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 Frank T. Suryan, Jr. President 714/252-9101

CR2E037 (9/96)