

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90007 026 ****61.25

DOCUMENT # N47038

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**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

01/27/1992

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

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

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 signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P/D SURYAN, FRANK T.**
STREET ADDRESS **4490 VON KARMAN AVE.**
CITY-STATE-ZIP **NEWPORT BEACH CA**

TITLE ☐ DELETE
NAME **V/D FRANKEL RICHARD E.**
STREET ADDRESS **4490 VON KARMAN**
CITY-STATE-ZIP **NEWPORT BEACH CA 92660**

TITLE ☐ DELETE
NAME **S/D MARTIN CHERYL A.**
STREET ADDRESS **4490 VON KARMAN AVE.**
CITY-STATE-ZIP **NEWPORT BEACH CA**

TITLE ☐ DELETE
NAME **T DIANE J. DAVIS**
STREET ADDRESS **4490 VON KARMAN AVE.**
CITY-STATE-ZIP **NEWPORT BEACH CA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **DIANE J. MURPHY**
4.3 STREET ADDRESS **4490 VON KARMAN AVE.**
4.4 CITY-STATE-ZIP **NEWPORT BEACH CA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Diane J. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANE J. MURPHY 4/21/99

(949) 475-5280

Date

Daytime Phone #

CR2E037 (11/98)