

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N47038

1. Entity Name
REFLECTIONS CONDOMINIUM 3 ASSOCIATION, INC.



Principal Place of Business
**4901 BIRCH STREET
NEWPORT BEACH, CA 92660 US**

Mailing Address
**4901 BIRCH STREET
NEWPORT BEACH, CA 92660 US**

FILED
04 FEB -6 PM 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01142004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 33-0558870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	SURYAN, FRANK T.
STREET ADDRESS	4901 BIRCH ST.
CITY-ST-ZIP	NEWPORT BEACH, CA 92660

TITLE	V/D
NAME	FRANKEL RICHARD E.
STREET ADDRESS	4490 VON KARMAN
CITY-ST-ZIP	NEWPORT BEACH, CA 92660

TITLE	S/D
NAME	MARTIN CHERYL A.
STREET ADDRESS	4901 BIRCH ST.
CITY-ST-ZIP	NEWPORT BEACH, CA 92660

TITLE	T
NAME	MURPHY, DIANE J
STREET ADDRESS	4901 BIRCH ST.
CITY-ST-ZIP	NEWPORT BEACH, CA 92660

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200029946952
03/05/04--01028--019 **61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Frank T. Suryan, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(949) 252-9101

Daytime Phone #