

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47038

FILED
Feb 07, 2008
Secretary of State

Entity Name: REFLECTIONS CONDOMINIUM 3 ASSOCIATION, INC.

Current Principal Place of Business:

4901 BIRCH STREET
NEWPORT BEACH, CA 92660 US

New Principal Place of Business:

Current Mailing Address:

4901 BIRCH STREET
NEWPORT BEACH, CA 92660 US

New Mailing Address:

FEI Number: 33-0558870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR.
STE. 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: SURYAN, FRANK T
Address: 4901 BIRCH ST.
City-St-Zip: NEWPORT BEACH, CA 92660

Title: V/D (X) Delete
Name: FRANKEL, RICHARD E
Address: 4490 VON KARMAN
City-St-Zip: NEWPORT BEACH, CA 92660 US

Title: S/D () Delete
Name: MARTIN, CHERYL A
Address: 4901 BIRCH ST.
City-St-Zip: NEWPORT BEACH, CA 92660

Title: T () Delete
Name: MURPHY, DIANE J
Address: 4901 BIRCH ST.
City-St-Zip: NEWPORT BEACH, CA 92660

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: SOUTHRON, SCOTT A
Address: 4901 BIRCH ST.
City-St-Zip: NEWPORT BEACH, CA 92660

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT A SOUTHRON

TRE

02/07/2008

Electronic Signature of Signing Officer or Director

Date