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 # **N95000001261 (5)**

1. Corporation Name

REFLECTIONS HOMEOWNERS ASSOCIATION OF OCOEE, INC

Principal Place of Business	Mailing Address
~~250 PARK AVENUE SOUTH~~ ~~SUITE 300~~ ~~WINTER PARK FL 32789~~	~~250 PARK AVENUE SOUTH~~ ~~SUITE 300~~ ~~WINTER PARK FL 32789~~

3. Date Incorporated or Qualified: 03/15/1995
3a. Date of Last Report:

2. Principal Place of Business
21 250 Park Ave. South
Suite, Apt. #, etc.
22 Suite 300
City & State
23 Winter Park, FL
Zip 24 32789 Country 25 USA

2a. Mailing Address
26 c/o Florida Management Services
Suite, Apt. #, etc.
27 P.O. Box 73
City & State
28 Orlando, FL
Zip 29 32802 Country 30 USA

4. FEI Number 74-2123797 ☐ 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

~~GEORGE WIMPEY OF FLORIDA, INC.~~
~~250 PARK AVENUE SOUTH~~
~~SUITE 300~~
~~WINTER PARK FL 32789~~

10. Name and Address of New Registered Agent

81 Name: Morrison Homes of Florida, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 250 Park Ave., South
83 Suite 300
84 City: Winter Park FL 85 Zip Code: 32789

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] 7-5-96
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	~~EOHELMAN, DOUGLAS F~~		12 NAME	Parker, Steve	
STREET ADDRESS	250 PARK AVENUE SOUTH SUITE 300		13 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		14 CITY-ST-ZIP		
TITLE	~~PD~~	☐ DELETE	21 TITLE	STD	☑ Change ☐ Addition
NAME	~~OCHAUB, FREDERIC G~~		22 NAME	Wilson, Alan F.	
STREET ADDRESS	250 PARK AVENUE SOUTH SUITE 300		23 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		24 CITY-ST-ZIP		
TITLE	~~STD~~	☐ DELETE	31 TITLE	PD	☑ Change ☐ Addition
NAME	VON WERDER, JOY		32 NAME		
STREET ADDRESS	250 PARK AVENUE SOUTH SUITE 300		33 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE	700001904487	☐ Change ☐ Addition
NAME			42 NAME	-07/25/96--01055--042	
STREET ADDRESS			43 STREET ADDRESS	***61.25	
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☑ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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: [signature] 7-5-96 407 629 0077
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #