

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044**

**JMC PROPERTY MGT.
3174 GULF OF MEXICO DR.
LONGBOAT KEY FL 34226
US**

3. Date Incorporated or Qualified

03/15/1995

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**

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2180 WEST SR 434

2180 WEST SR 434

SUITE 5000

SUITE 5000

LONGWOOD FL

LONGWOOD FL

32779

32779

US

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HART, JAMES W JR.
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, STE. 5000
LONGWOOD FL 32779-5044**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VD** ☒ DELETE
NAME **PARKER, STEVE**
STREET ADDRESS **250 PARK AVENUE SOUTH SUITE 300**
CITY-ST-ZIP **WINTER PARK FL 32789**

1.1 TITLE **PD** ☐ Change ☒ Addition
1.2 NAME **CAMPANARA, ED**
1.3 STREET ADDRESS **1816 SPARKLING WATER CR**
1.4 CITY-ST-ZIP **OCOEE FL 34761**

TITLE **STD** ☒ DELETE
NAME **WILSON, ALAN F**
STREET ADDRESS **250 PARK AVENUE SOUTH SUITE 300**
CITY-ST-ZIP **WINTER PARK FL 32789**

2.1 TITLE **VD** ☐ Change ☒ Addition
2.2 NAME **MELVIN, MARY**
2.3 STREET ADDRESS **1687 SPARKLING WATER CR**
2.4 CITY-ST-ZIP **OCOEE FL 34761**

TITLE **PD** ☒ DELETE
NAME **VON WERDER, JOY**
STREET ADDRESS **250 PARK AVENUE SOUTH SUITE 300**
CITY-ST-ZIP **WINTER PARK FL 32789**

3.1 TITLE **SD** ☐ Change ☒ Addition
3.2 NAME **RORBECK, POLLY**
3.3 STREET ADDRESS **1719 SPARKLING WATER CR**
3.4 CITY-ST-ZIP **OCOEE FL 34761-9127**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE **TD** ☐ Change ☒ Addition
4.2 NAME **MONK, CHARLES**
4.3 STREET ADDRESS **1716 SPARKLING WATER CR**
4.4 CITY-ST-ZIP **OCOEE FL 32761-9124**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **MABIE, SUSSE**
5.3 STREET ADDRESS **1697 SPARKLING WATER CR**
5.4 CITY-ST-ZIP **OCOEE FL 34761**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **PIVERAL, MOLLY**
6.3 STREET ADDRESS **1780 SPARKLING WATER CR**
6.4 CITY-ST-ZIP **OCOEE FL 34761**

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.

SIGNATURE:

Edward Campanara *Per* **2/4/98** **EDWARD CAMPANARA**

CR2E037 (10/97)

REFLECTIONS HOMEOWNERS ASSOCIATION OF OCOEE, INC.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
CONTINUED

13.	7.1	TITLE:	D
	7.2	NAME:	JONES, ADRIENNE B
	7.3	STREET ADDRESS:	1839 SPARKLING WATER CR
	7.4	CITY-ST-ZIP	OCOEE FL 34761-9128