

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**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90053 006 \*\*\*\*61.25

**DOCUMENT # N95000001261**

1. Corporation Name

**REFLECTIONS HOMEOWNERS ASSOCIATION OF OCOEE, INC**

Principal Place of Business

2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044

Mailing Address

2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

9. Name and Address of Current Registered Agent

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

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 PD  
NAME CAMPANARA, ED  
STREET ADDRESS 1816 SPARKLING WATER CR  
CITY-ST-ZIP OCOEE FL 34761 ☐ DELETE

TITLE VD  
NAME MELVIN, MARY  
STREET ADDRESS 1687 SPARKLING WATER CR  
CITY-ST-ZIP OCOEE FL 34761 ☐ DELETE

TITLE SD  
NAME RORBECK, POLLY  
STREET ADDRESS 1719 SPARKLING WATER CR  
CITY-ST-ZIP OCOEE FL 34761 ☐ DELETE

TITLE TD  
NAME MONK, CHARLES  
STREET ADDRESS 1716 SPARKLING WATER CR  
CITY-ST-ZIP OCOEE FL 34761 ☒ DELETE

TITLE D  
NAME MABIE, SUSSE  
STREET ADDRESS 1697 SPARKLING WATER CR  
CITY-ST-ZIP OCOEE FL 34761 ☐ DELETE

TITLE D  
NAME PIVERAL, MOLLY  
STREET ADDRESS 1780 SPARKLING WATER CR  
CITY-ST-ZIP OCOEE FL 34761 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME JONES, ADRIENNE  
4.3 STREET ADDRESS 1839 SPARKLING WATER CIR  
4.4 CITY-ST-ZIP OCOEE, FL 34761

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)