

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90055 015 ****61.25

DOCUMENT # N95000002663

1. Entity Name

REFLECTIONS VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**PO BOX 730541
ORMOND BEACH FL 32173**

Mailing Address

**P.O. BOX 730541
ORMOND BEACH FL 32173
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2398201

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANNON, FRED J
PALM COAST PROPERTY MANAGEMENT
7 FLORIDA PARK DRIVE N STE C
PALM COAST FL 32137**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME JENSEN, GLEN
STREET ADDRESS 1 REFLECTIONS VILLAGE DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VPD ☒ Delete
NAME HANSEN, PATRICIA
STREET ADDRESS 25 REFLECTIONS CILLAGE DRIVE
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE TSD ☐ Delete
NAME LONDON, EVELYN
STREET ADDRESS 8 OLD MACON DR
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☐ Delete
NAME HORNBECK, CAROL
STREET ADDRESS 12 REFLECTIONS VILLAGE DR
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE D ☐ Delete
NAME WIND, BETTI
STREET ADDRESS 22 OAK VILLAGE DR
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☐ Addition
NAME Jensen, Glen
STREET ADDRESS 1 Reflections Village Drive
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE VPD ☐ Change ☒ Addition
NAME Liberto, John
STREET ADDRESS 37 Old Macon Drive
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE TSD ☐ Change ☐ Addition
NAME Landon, Evelyn
STREET ADDRESS 8 Old Macon Drive
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE D ☐ Change ☐ Addition
NAME Hornbeck, Carol
STREET ADDRESS 12 Reflections Village Drive
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE D ☐ Change ☐ Addition
NAME Wind, Betti
STREET ADDRESS 22 Oak Village Drive
CITY-ST-ZIP Ormond Beach, FL 32174

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Carol J. Hornbeck*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #