2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000002663

FILED Oct 26, 2006 Secretary of State

Entity Name: REFLECTIONS VILLAGE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 730541 7 FLORIDA PARK DRIVE NORTH ORMOND BEACH, FL 32173 PALM COAST, FL 32137

Current Mailing Address: New Mailing Address:

P.O. BOX 730541

ORMOND BEACH, FL 32173 US

FEI Number: 59-2398201 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: 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 US

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: FRED ANNON, JR.

OFFICERS AND DIRECTORS:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

JENSEN, GLEN THEODORE, ANGELO Name: Name: 1 REFLECTIONS VILLAGE DRIVE Address: 7 FLORIDA PARK DRIVE NORTH Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: PALM COAST, FL 32137 US

Title: VPD () Delete Title: (X) Change () Addition LIBERTO, JOHN Name: MOSLEY, CHRISTINA Name:

Address: 37 OLD MACON DR. Address: 7 FLORIDA PARK DRIVE NORTH City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: PALM COAST, FL 32137 US

Title: () Delete Title: D/ST (X) Change () Addition LANDON, EVELYN LANDON, EVELYN Name: Name:

8 OLD MACON DR Address: Address: 8 OLD MACON DR City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 US

() Delete Title: TSD Title: (X) Change () Addition Name: HORNBECK, CAROL Name: MONTGOMERY, ELEANOR M 37 REFLECTIONS VILLAGE DRIVE Address: 12 REFLECTIONS VILLAGE DR Address: City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174 US

Title: (X) Delete Title: () Change () Addition

MONTGOMERY, ELEANOR Name: Name: 37 REFLECTIONS VILLAGE DRIVE Address: Address: ORMOND BEACH, FL 32174 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGELO THEODORE PD 10/26/2006