

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 11, 2008 08:00 AM
Secretary of State**

DOCUMENT # N95000002663	
1. Entity Name REFLECTIONS VILLAGE HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 7 FLORIDA PARK DRIVE NORTH PALM COAST FL 32137 US	Mailing Address P.O. BOX 730541 ORMOND BEACH FL 32173 US
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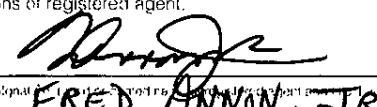


2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)	
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 ANNON, FRED J PALM COAST PROPERTY MANAGEMENT 7 FLORIDA PARK DRIVE N STE C PALM COAST FL 32137	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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  FRED ANNON, JR.	DATE 02/11/2008

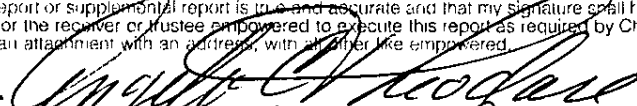
FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THEODORE, ANGELO 7 FLORIDA PARK DRIVE NORTH PALM COAST FL 32137 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOSLEY, CHRISTINA 7 FLORIDA PARK DRIVE NORTH PALM COAST FL 32137 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ST LANDON, EVELYN 8 OLD MACON DR ORMOND BEACH FL 32174 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAPLETON, BARBARA 14 REFLECTIONS VILLAGE DR ORMOND BEACH FL 32174 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNBECK, CAROL 12 REFLECTIONS VILLAGE DR ORMOND BEACH FL 32174 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000823387 02/20/08-80032-024 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 changed, or on an attachment with an address, with another like empowered.

SIGNATURE



(386) 446-1333