2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# N97000005784

Entity Name: REFLECTIONS HOMEOWNERS ASSOCIATION OF PERDIDO KEY, INC.

Current Principal Place of Business:

1244 PARASOL PLACE
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

1244 PARASOL PLACE
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 59-3488380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VICK, CHARLES
1244 PARASOL PLACE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SOREL, ROBERT
Address: 12406 MEADS N ROAD
City-St-Zip: PENSACOLA, FL 32506

Title: VD ( ) Delete
Name: PIETRI, MICHELLE
Address: 71 ANDREWS AVE
City-St-Zip: KENNER, LA 70065

Title: TD ( ) Delete
Name: VICK, CHARLES
Address: 1244 PARASOL PLACE
City-St-Zip: PENSACOLA, FL 32507

Title: S ( ) Delete
Name: BRIDGES, JOHNNY H
Address: 1251 PARASOL PL
City-St-Zip: PENSACOLA, FL 32507

Title: D ( ) Delete
Name: MODICA, GUY
Address: 19623 CREEK ROUND AVE
City-St-Zip: BATON ROUGE, LA 70817

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CHARLES VICK MR 04/27/2009

Electronic Signature of Signing Officer or Director — Date