

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90319 003 ****61.25

DOCUMENT # N98000005228

1. Entity Name
REFLECTIONS EAST HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**6039 CYPRESS GARDENS BLVD.
STE 241
WINTER HAVEN, FL 33884**

Mailing Address
**6039 CYPRESS GARDENS BLVD.
STE 241
WINTER HAVEN, FL 33884**

50044348



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3535078

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**KOSTAL, ELMER J
60039 CYPRESS GARDENS BLVD. #241
WINTER HAVEN, FL 33884**

Name **Giumarra, Charles E**
Street Address (P.O. Box Number is Not Acceptable)

6039 Cypress Gardens Blvd #241
City **WINTER HAVEN** FL Zip Code **33884**

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 **Charles E Giumarra**

(NOTE: Registered Agent signature required when reinstating)

4/18/2005

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME **KOSTAL, ELMER J**
STREET ADDRESS **6039 CYPRESS GARDENS BLVD. #241**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE P/D ☒ Change ☐ Addition
NAME **Giumarra, Charles E**
STREET ADDRESS **6039 Cypress Gardens Blvd #241**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE DV ☒ Delete
NAME **PADGETT, GENE W**
STREET ADDRESS **6039 CYPRESS GARDENS BLVD. #241**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE V/D ☒ Change ☐ Addition
NAME **CHODO, Timothy**
STREET ADDRESS **6039 Cypress Gardens Blvd #241**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE TD ☐ Delete
NAME **PROVOST, MICHELLE**
STREET ADDRESS **6039 CYPRESS GARDENS BLVD. #241**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

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

TITLE SD ☐ Delete
NAME **GIUMARRA, CHARLES**
STREET ADDRESS **6039 CYPRESS GARDENS BLVD. #241**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE S/D ☒ Change ☐ Addition
NAME **Winford, Roger**
STREET ADDRESS **6039 Cypress Gardens Blvd. #241**
CITY-ST-ZIP **WINTER HAVEN, FL 33884**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Charles E Giumarra

4/19/05

863-325-8473

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #