



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90200 016 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-3535078	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GIUMARRA, CHARLES E 6039 CYPRESS GARDENS BLVD. #241 WINTER HAVEN, FL 33884				Name <u>Provost, Michelle</u> Street Address (P.O. Box Number is Not Acceptable) <u>6039 Cypress Gardens Blvd #241</u> City <u>Winter Haven</u> FL Zip Code <u>33884</u>	
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 <u>Michelle Provost</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Michelle Provost</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>4/30/06</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 TD	NAME PROVOST, MICHELLE		TITLE TD	NAME PROVOST, MICHELLE	
STREET ADDRESS 6039 CYPRESS GARDENS BLVD. #241	CITY-ST-ZIP WINTER HAVEN, FL 33884		STREET ADDRESS 6039 CYPRESS GARDENS BLVD. #241	CITY-ST-ZIP WINTER HAVEN, FL 33884	
TITLE PD	NAME GIUMARRA, CHARLES		TITLE P/D	NAME Chiodo, Timothy	
STREET ADDRESS 6039 CYPRESS GARDENS BLVD. #241	CITY-ST-ZIP WINTER HAVEN, FL 33884		STREET ADDRESS 6039 Cypress Gardens Blvd #241	CITY-ST-ZIP Winter Haven FL 33884	
TITLE DV	NAME CHIDO, TIMOTHY		TITLE DV	NAME CHIDO, TIMOTHY	
STREET ADDRESS 6039 CYPRESS GARDENS BLVD. #241	CITY-ST-ZIP WINTER HAVEN, FL 33884		STREET ADDRESS 6039 Cypress Gardens Blvd #241	CITY-ST-ZIP Winter Haven FL 33884	
TITLE SD	NAME WINFORD, ROGER		TITLE V/D	NAME Dale Sturms	
STREET ADDRESS 6039 CYPRESS GARDENS BLVD. #241	CITY-ST-ZIP WINTER HAVEN, FL 33884		STREET ADDRESS 6039 Cypress Gardens Blvd #241	CITY-ST-ZIP Winter Haven FL 33884	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP		TITLE NAME	STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Michelle Provost</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>4/30/06</u> <u>863-324-6886</u> <small>Date Daytime Phone #</small>		