2007 NOT-FOR-PROFIT CORPORATION

DOCUMENT # N98000005228

FILED
Apr 18, 2007 8:00 am
Secretary of State

1. Entity Name REFLECTIONS EAST HOMEOWNERS' ASSOCIATION, INC.						(04-18-2007 9	0173 025	****61.	25	
Principal Place of Business 6039 CYPRESS GARDENS BLVD. STE 241 WINTER HAVEN, FL 33884 Mailing Address 6039 CYPRESS GARDENS BLV STE 241 WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884						I (OBANEL BLA IBII	II I BIIN ABIIN BAIN ABIIN	18 11: 11 11: 1 110: (
Principal Place of Business - No P.O. Box # Mailing Address				Address							
Suite, Apt. #, etc.			Suite,	Suite, Apt. #, etc.			04152007 ₍	Chg-NP	CR2E037 ((12/06)	
City & State			City & State				4. FEI Number Applied Fo S9-3535078 Not Applied				plied For Applicable
Zip Country		Zip	Zip Cou		5. Certificate of Status Desired			□ \$8 Fee	8.75 Additional ee Required		
	6. Name	and Address of Current R	Registered A	gent			7. Name and Ad	dress of New Re	gistered Age	nt	
PROVOST, MICHELLE 6039 CYPRESS GARDENS BLVD #241 WINTER HAVEN, FL 33884				Name	Address (I	P.O. Box Number is	Not Acceptable)				
VVINIER	IAVEN, FI	L 33004			· ·						
					City	·····			FL	Zip Code	•
	named entit	y submits this statement for lered agent.	the purpose	of changing its	registered office	or register	ed agent, or both, i	n the State of Flor	ida. I am fam	illar with, a	and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE											
	_			9. Election Carr Trust Fund C	npaign Financing contribution.		\$5.00 May Be Added to Fees	1	ke check partmo	•	
	_							Florid	da Departmo	ent of St	ate
10. TITLE	Due by R	Aay 1, 2007 OFFICERS AND DIR			ontribution.		Added to Fees	Florid	da Departmo	ent of St	ate
TITLE NAME	TD PROVOS	Aay 1, 2007 OFFICERS AND DIR	ECTORS	Trust Fund C	11. TITLE NAME		Added to Fees	Florid	da Departmo	Ent of Sta	ate 10
TITLE NAME STREET ADDRESS	TD PROVOS 6039 CYF	Aay 1, 2007 OFFICERS AND DIR T, MICHELLE PRESS GARDENS BLVE	ECTORS	Trust Fund C	11. TITLE NAME STREET ADDRESS		Added to Fees	Florid	da Departmo	Ent of Sta	ate 10
TITLE NAME	TD PROVOS 6039 CYF WINTER	Aay 1, 2007 OFFICERS AND DIR	ECTORS	Trust Fund C	11. TITLE NAME		Added to Fees	Florid	da Departmo	ent of Sta CTORS IN Change	ate 10 Addition
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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.

GNATURE:

BUSY 324 - 1998

BUSY TUPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date

Desymme Phone 8

SIGNATURE: