


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 07, 2008 8:00 am**  
**Secretary of State**

05-07-2008 90104 013 \*\*\*\*61.25

<b>DOCUMENT # N98000005228</b>	
1. Entity Name <b>REFLECTIONS EAST HOMEOWNERS' ASSOCIATION, INC.</b>	

Principal Place of Business <b>6039 CYPRESS GARDENS BLVD. STE 241 WINTER HAVEN, FL 33884</b>	Mailing Address <b>6039 CYPRESS GARDENS BLVD. STE 241 WINTER HAVEN, FL 33884</b>
---	---

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

05052008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-3535078</b>	Applied For <input type="checkbox"/> Not-Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>PROVOST, MICHELLE 6039 CYPRESS GARDENS BLVD #241 WINTER HAVEN, FL 33884</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
--	---	---------------------------------------	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROVOST, MICHELLE</b>	NAME	
STREET ADDRESS	<b>6039 CYPRESS GARDENS BLVD. #241</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33884</b>	CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILLIES, SHIRLEY</b>	NAME	<b>Arthur Bingham</b>
STREET ADDRESS	<b>6039 CYPRESS GARDENS BLVD. #241</b>	STREET ADDRESS	<b>6039 Cypress Gardens Blvd #241</b>
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33884</b>	CITY-ST-ZIP	<b>Winter Haven FL 33884</b>
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOMLINSON, MICHAEL</b>	NAME	<b>Rosemary Centracchio</b>
STREET ADDRESS	<b>6039 CYPRESS GARDENS BLVD. #241</b>	STREET ADDRESS	<b>6039 Cypress Gardens Blvd #241</b>
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33884</b>	CITY-ST-ZIP	<b>Winter Haven FL 33884</b>
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOSTAL, ELMER</b>	NAME	
STREET ADDRESS	<b>6039 CYPRESS GARDENS BLVD #241</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN, FL 33884</b>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:** *Michelle Provost* **TD** **5/1/08** **863 324-0986**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #