

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005228

FILED
Apr 08, 2009
Secretary of State

Entity Name: REFLECTIONS EAST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3535078

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROVOST, MICHELLE
6039 CYPRESS GARDENS BLVD #241
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

MORTON, PAULA TD
6039 CYPRESS GARDENS BLVD #241
WINTER HAVEN, FL 33884 US

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: MORTON PAULA

04/08/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: PROVOST, MICHELLE
Address: 6039 CYPRESS GARDENS BLVD. #241
City-St-Zip: WINTER HAVEN, FL 33884

Title: PD () Delete
Name: BINGHAU, ARTHUR
Address: 6039 CYPRESS GARDENS BLVD. #241
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD () Delete
Name: CENTRACCHIO, ROSEMARY
Address: 6039 CYPRESS GARDENS BLVD. #241
City-St-Zip: WINTER HAVEN, FL 33584

Title: S () Delete
Name: KOSTAL, ELMER
Address: 6039 CYPRESS GARDENS BLVD #241
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: MORTON, PAULA A TD
Address: 6039 CYPRESS GARDENS BLVD. #241
City-St-Zip: WINTER HAVEN, FL 33884

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: MORTON PAULA

TD

04/08/2009

Electronic Signature of Signing Officer or Director

Date