## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000005228

FILED Mar 08, 2010 Secretary of State

Entity Name: REFLECTIONS EAST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6039 CYPRESS GARDENS BLVD. 6039 CYRPRESS GARDNES BLVD

STE 241 STE 241

WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884

Current Mailing Address: New Mailing Address:

6039 CYPRESS GARDENS BLVD. 6039 CYRPRESS GARDNES BLVD

STE 241 STE 241

WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884

FEI Number: 59-3535078 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORTON, PAULA TD
6039 CYPRESS GARDENS BLVD #241
714 REFLECTIONS DR

WINTER HAVEN, FL 33884 US 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: 03/08/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: TD

Name: MORTON, PAULA A TD
Address: 714 REFLECTIONS DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: PD

Name: BINGHAM, ARTHUR PD Address: 716 REFLECTIONS DR City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD

Name: CHIODO, TIM VPD

Address: 601 REFLECTION'S LOOP W City-St-Zip: WINTER HAVEN, FL 33884

Title: 9

Name: CHEVRETTE, ROGER S Address: 719 REFLECTIONS DR City-St-Zip: WINTER HAVEN, FL 33884

I hereby 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 all other like empowered.

SIGNATURE: PAULA MORTON TD 03/08/2010