

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005228

FILED
Feb 08, 2012
Secretary of State

Entity Name: REFLECTIONS EAST HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6039 CYRPRESS GARDNES BLVD
STE 241
WINTER HAVEN, FL 33884

New Principal Place of Business:

REFLECTIONS EAST DEVELOPMENT
OFF CYPRESS GARDENS BLVD
WINTER HAVEN, FL 33884

Current Mailing Address:

6039 CYRPRESS GARDNES 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:

MORTON, PAULA TD
714 REFLECTIONS DR
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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:

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: CHIODO, TIM PD
Address: 601 REFLECTIONS LOOP W
City-St-Zip: WINTER HAVEN, FL 33884

Title: VPD
Name: JOSEPH, CIAFARDONI VPD
Address: 888 REFLECTIONS LOOP E
City-St-Zip: WINTER HAVEN, FL 33884

Title: S
Name: HILL, JACKI S
Address: 614 REFLECTIONS LOOP W
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

02/08/2012

Electronic Signature of Signing Officer or Director

Date