

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000002623

FILED
Apr 15, 2010
Secretary of State

Entity Name: REFLECTION LAKES STORMWATER DRAINAGE AREAS AND MITIGATION AREAS JOINT COUNCIL, INC.

Current Principal Place of Business:

C/O ASSOCIA/BENSON'S, INC
12650 WHITEHALL DR
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

C/O ASSOCIA/BENSON'S, INC
12650 WHITEHALL DR
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0961419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANDALL, BONITA D
12650 WHITEHALL DR
FORT MYERS, FL 33907 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: PD
Name: SHIELDS, LINDA
Address: 13664 GULFBREEZE ST
City-St-Zip: FORT MYERS, FL 33907

Title: D
Name: TOOLEY, R. TODD
Address: 13736 BALD CYPRESS CIR
City-St-Zip: FORT MYERS, FL 33907

Title: SD
Name: RITTERBUSCH, ROBERT
Address: 13921 BALD CYPRESS CIR
City-St-Zip: FORT MYERS, FL 33907

Title: TD
Name: BYMAN, KEITH
Address: 13888 LILY PAD CIR
City-St-Zip: FORT MYERS, FL 33907

Title: D
Name: RABINOWITZ, ELLIS
Address: 14131 REFLECTION LAKES DR
City-St-Zip: FORT MYERS, FL 33907

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: LINDA SHIELDS

PRES

04/15/2010

Electronic Signature of Signing Officer or Director

Date