## 2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N99000002623

RT FILED

May 02, 2011
Secretary of State

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

INC

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

13950 REFLECTION LAKES DRIVE FORT MYERS, FL 33907

Current Mailing Address: New Mailing Address:

13950 REFLECTION LAKES DRIVE FORT MYERS, FL 33907

FEI Number: 65-0961419 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:

DEBOEST, STOCKMAN, DECKER, BROUGHTON & HAG 1415 HENDRY STREET FORT MYERS, FL 33901 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:

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:** 

Title: F

Name: LENCHNER, HERBERT

Address: 14202 REFLECTION LAKES DRIVE

City-St-Zip: FORT MYERS, FL 33907

Title: S

Name: RABINOWITZ, ELLIS

Address: 14131 REFLECTION LAKES DRIVE

City-St-Zip: FORT MYERS, FL 33907

Title:

Name: BYMAN, KEITH
Address: 1214 N. 160TH STREET
City-St-Zip: OMAHA, NE 68118

Title:

Name: SHIELDS, LINDA

Address: 13664 GULFBREEZE STREET City-St-Zip: FORT MYERS, FL 33907

Title:

Name: MONROE, THERESA

Address: 7890 LAKE SAWGRASS LOOP #4717

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: HERBERT LENCHNER P 05/02/2011