

2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 02, 2011
Secretary of State

DOCUMENT# N99000003167

Entity Name: REFLECTION LAKES MASTER ASSOCIATION, INC.**Current Principal Place of Business:**13950 REFLECTION LAKES DRIVE
FORT MYERS, FL 33907**New Principal Place of Business:****Current Mailing Address:**13950 REFLECTION LAKES DRIVE
FORT MYERS, FL 33907**New Mailing Address:****FEI Number:** 65-0961430**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KW PROPERTY MANAGEMENT & CONSULTING
8200 NW 33RD STREET
SUITE 300
MIAMI, FL 33122 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: P
Name: RABINOWITZ, ELLIS
Address: 14131 REFLECTION LAKES DRIVE
City-St-Zip: FORT MYERS, FL 33907

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

Title: S
Name: SHIELDS, LINDA
Address: 13664 GULFBREEZE STREET
City-St-Zip: FORT MYERS, FL 33907

Title: D
Name: LENCHNER, HERBERT
Address: 14202 REFLECTION LAKES DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: D
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: ELLIS RABINOWITZ

P

05/02/2011

Electronic Signature of Signing Officer or Director

Date