

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # V01803

1. Entity Name
REFLECTIONS AT HIDDEN LAKE, INC.



Principal Place of Business
520 W LAKE MARY BLVD
SANFORD, FL 32773 US

Mailing Address
PO BOX 231
ORLANDO, FL 32802 US



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3097838

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHRISTIANSEN, PATRICK T.
255 S ORANGE AVE
17TH FLOOR
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE DP
NAME CHRISTIANSEN, PATRICK T
STREET ADDRESS 255 S. ORANGE AVE., SUITE 1700
CITY-ST-ZIP ORLANDO, FL 32801

TITLE DVTS
NAME KNIGHT, JOHN E
STREET ADDRESS 520 WEST LAKE MARY BLVD
CITY-ST-ZIP SANFORD, FL 32773

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patrick T. Christiansen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-05 407.843.7866
Date Daytime Phone #