

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000007131

**Entity Name:** REFLECTIONS AT STOREY LAKE COMMUNITY ASSOCIATION  
INC

**FILED**  
**Apr 24, 2024**  
**Secretary of State**  
**2052435670CC**

**Current Principal Place of Business:**

C/O ARTEMIS LIFESTYLE SERVICES, INC.  
1631 E. VINE STREET SUITE 300  
KISSIMMEE, FL 34744

**Current Mailing Address:**

C/O ARTEMIS LIFESTYLE SERVICES, INC.  
1631 E. VINE STREET SUITE 300  
KISSIMMEE, FL 34744 US

**FEI Number:** 47-4621572

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARTEMIS LIFESTYLE SERVICES, INC.  
C/O ARTEMIS LIFESTYLE SERVICES, INC.  
1631 E. VINE STREET SUITE 300  
KISSIMMEE, FL 34744 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:** DIANE BRASWELL

04/24/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            RATCLIFF, MARK  
Address        C/O ARTEMIS LIFESTYLE SERVICES,  
                  INC.  
                  1631 E. VINE STREET SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

Title            TREASURER  
Name            HUTCHINGS, ANNETTE  
Address        C/O ARTEMIS LIFESTYLE SERVICES,  
                  INC.  
                  1631 E. VINE STREET SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

Title            DIRECTOR  
Name            FORLADER, NANCY  
Address        1631 E VINE STREET  
                  STE 300  
City-State-Zip: KISSIMMEE FL 34744

Title            SECRETARY  
Name            TEODORO, ECIL C  
Address        C/O ARTEMIS LIFESTYLE SERVICES,  
                  INC.  
                  1631 E. VINE STREET SUITE 300  
City-State-Zip: KISSIMMEE FL 34744

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:** MARK RATCLIFF

**PRESIDENT**

04/24/2024

Electronic Signature of Signing Officer/Director Detail

Date