

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/1

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90018 002 \*\*\*\*61.25

**DOCUMENT # 731616**

1. Entity Name

**THE REEF CLUB CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

16558 NE 26TH AVE  
 NORTH MIAMI BCH FLORIDA 33160

Mailing Address

16558 NE 26TH AVE  
 NORTH MIAMI BCH FLORIDA 33160-4067

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1636035**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KALLICHE, ANTHONY**  
**BLUE LAGOON CORP. CENTER**  
**6161 BLUE LAGOON DR., SUITE 250**  
**MIAMI FL 33126**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

NAME **GUTIRREZ, CECILIA**  
 STREET ADDRESS **16558 NE 26TH AVE**  
 CITY-ST-ZIP **N MIAMI BEACH FL 33160**

TITLE ☐ Delete

NAME **PAINE, LLOYD CAROL**  
 STREET ADDRESS **16558 NE 26TH AVE**  
 CITY-ST-ZIP **N MIAMI BEACH FL 33160**

TITLE ☒ Delete

NAME **DRACH, GUY**  
 STREET ADDRESS **16558 NE 26TH AVE**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33160**

TITLE ☐ Delete

NAME **GOLDEN, JULIUS**  
 STREET ADDRESS **16558 NE 26TH AVE**  
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33160**

TITLE ☒ Delete

NAME **GOLDEN, RHODA**  
 STREET ADDRESS **16565 NE 26TH AVE**  
 CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE ☐ Delete

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME **Treasurer**  
 STREET ADDRESS **Gutierrez Cecilia**  
 CITY-ST-ZIP **16558 N.E. 26th Ave**  
**N. Miami Beach, FL 33160**

TITLE ☒ Change ☐ Addition

NAME **V.P. Paine, Lloyd Carol**  
 STREET ADDRESS **16558 NE 26th Ave**  
 CITY-ST-ZIP **N. Miami Beach, FL 33160**

TITLE ☒ Change ☐ Addition

NAME **President**  
 STREET ADDRESS **F. J. Nankin**  
 CITY-ST-ZIP **16558 N.E. 26th Ave**  
**N. Miami Beach, FL 33160**

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Nankin**  
 Date

**4.7.2000**  
 Daytime Phone #

**305-944-1673**

CH2E037 (9/99)