

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26 1996 8:00 am
Secretary of State

DOCUMENT # 753919 (0)

1. Corporation Name
THE REEF OCEAN RESORT ASSOCIATION, INC.



Principal Place of Business Mailing Address
3450 OCEAN DRIVE **3450 OCEAN DRIVE**
VERO BEACH FL 32963-1683 **VERO BEACH FL 32963-1683**

3. Date Incorporated or Qualified: **08/22/1980**
3a. Date of Last Report: **02/14/1995**
4. FEI Number: **59-2106979**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
COLEGROVE, JOHN, W
715 - 13TH AVE
VERO BEACH FL 32962

10. Name and Address of New Registered Agent
81 Name: **D EVERETT BROSSARD**
82 Street Address (P.O. Box Number is Not Acceptable): **62 WOODLAND #106**
83
84 City: **VERO BEACH, FL** 85 Zip Code: **32962**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Everett Brossard* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	COLEGROVE, JOHN W
STREET ADDRESS	715 13TH AVE
CITY-ST-ZIP	VERO BCH, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ANDREWS, VERNON S.
STREET ADDRESS	4650 ZOLTAN DR.
CITY-ST-ZIP	TITUSVILLE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	BROSSARD, EVERETT
STREET ADDRESS	62 WOODLAND #106
CITY-ST-ZIP	VERO BEACH FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	SIERP, HELEN
STREET ADDRESS	410 INDIAN LILAC RD
CITY-ST-ZIP	VERO BCH, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	BLANHNIK, DALE
STREET ADDRESS	3035 PAR DR
CITY-ST-ZIP	VERO BCH, FL 00000
TITLE	VTD <input type="checkbox"/> DELETE
NAME	TILNEY, FARRAR III
STREET ADDRESS	5400 N A1A APT #1-25
CITY-ST-ZIP	VERO BCH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAMES LANDERS
1.3 STREET ADDRESS	835 ROYAL PALM DR.
1.4 CITY-ST-ZIP	VERO BEACH, FL. 32960
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RAY CROSBY
2.3 STREET ADDRESS	3016 ATLANTIC BLVD.
2.4 CITY-ST-ZIP	VERO BEACH, FL. 32960
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	30000170855
4.4 CITY-ST-ZIP	03/27/96-01010-329
5.1 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Farrar Tilney* 2/5/96 231-9496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **FARRAR TILNEY, TREASURER** Daytime Phone #

CR2E037 (12/95)