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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 753919  
1. Corporation Name  
THE REEF OCEAN RESORT ASSOCIATION, INC.

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



|                                |                     |   |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified                       |
| 21                             | 26                  | 08/22/1980  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number   |
| 22                             | 27                  | 59-2106979  |
| City & State                   | City & State        | Applied For   |
| 23                             | 28                  | Not Applicable  |
| Zip                            | Country             | 5. Certificate of Status Desired                        |
| 24                             | 25                  | <input type="checkbox"/> \$8.75 Additional Fee Required |
| Country                        | Country             | 6. Election Campaign Financing                          |
| 29                             | 30                  | <input type="checkbox"/> \$5.00 May Be Added to Fees    |

9. Name and Address of Current Registered Agent  
BROSSARD, EVERETT  
62 WOODLAND #106  
VERO BEACH FL 32962

10. Name and Address of New Registered Agent

|   |                      |
|---|----------------------|
| 81 Name   | LANDERS, JAMES       |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                      |
| 83  | 835 ROYAL PALM PLACE |
| 84 City   | VERO BEACH FL        |
| 85 Zip Code   | 32960                |

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: *James E. Landers* President 1/26/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | D                    | <input type="checkbox"/> DELETE |
| NAME           | LANDERS, JAMES       |                                 |
| STREET ADDRESS | 835 ROYAL PALM DR    |                                 |
| CITY-ST-ZIP    | VERO BEACH FL 32960  |                                 |
| TITLE          | D                    | <input type="checkbox"/> DELETE |
| NAME           | CROSBY, RAY          |                                 |
| STREET ADDRESS | 3016 ATLANTIC BLVD   |                                 |
| CITY-ST-ZIP    | VERO BEACH FL 32960  |                                 |
| TITLE          | P                    | <input type="checkbox"/> DELETE |
| NAME           | BROSSARD, EVERETT    |                                 |
| STREET ADDRESS | 62 WOODLAND #106     |                                 |
| CITY-ST-ZIP    | VERO BEACH FL        |                                 |
| TITLE          | D                    | <input type="checkbox"/> DELETE |
| NAME           | RORICK, DOROTHY      |                                 |
| STREET ADDRESS | 345 RIVERWAY DR      |                                 |
| CITY-ST-ZIP    | VERO BEACH FL 32963  |                                 |
| 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          | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |  |
| 1.3 STREET ADDRESS |   |  |
| 1.4 CITY-ST-ZIP    |   |  |
| 2.1 TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |   |  |
| 2.3 STREET ADDRESS |   |  |
| 2.4 CITY-ST-ZIP    |   |  |
| 3.1 TITLE          | D | <input checked="" 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 |   |  |
| 4.4 CITY-ST-ZIP    |   |  |
| 5.1 TITLE          | S | <input checked="" 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 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 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 the 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *James E. Landers* SIGNATURE REQUIRED 1/26/99 561 231 1000  
Signature and typed or printed name of signing officer or director Date Daytime Phone # EXT 171

CR2E037 (1/198)