FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 25, 1999 8:00 am § Secretary of State

02-25-1999 90066 034 ****61.25

DO	CLIA	AFNT	# 7	7539	119

1. Corporation Name

Principal Place of Business Mailing Address 3450 OCEAN DRIVE 3450 OCEAN DRIVE VERO BEACH FL 325631683 VERO BEACH FL 32563 VERO BEACH FL 32	THE REI	EF OCEAN RESORT ASSOC	IATION, INC.			
### State City & State State City & State Stat				gw wy v 5°		
2. Principal Place of Business	Principal Place	of Dunishands Assets	Mailing Address			
2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualifed 08/22/1980 36/22/		HIVE				<u> </u>
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Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 23 City & State 26 City & State 27 Country Zip Country	<u> </u>	lace of Business	⊢ *			
City & State Zip Country St.00 May Be Added to Fees Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name LANDERS, JAMES Street Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 S35 ROYAL PALM PLACE 84 City VERO BEACH TL 85 Zip Scds 28 Street Address (P.O. Box Number is Not Acceptable) 83 ROYAL PALM PLACE 84 City VERO BEACH TL 85 Zip Scds 38 Zip Scds 40 Zip Zip ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ADDITIONS/CHANGES TO OFFICERS AND		#, etc.				Applied For
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CITY-ST-ZIP VERU BEACH FL 3.4. CITY-ST-ZIP TITLE D DELETE 4.1 TTLE Change Addition	_		☐ DELETE			☐ Change ☐ Addition

VERO BCH, FL 00000 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 any address, with all other like empowered.

4, 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

4,3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRES

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

RORICK, DOROTHY

345 RIVERWAY DR

BLANHNIK, DALE

3035 PAR DR

VERO BEACH FL 32963

VERO BCH, FL 00000

5400 N A1A APT #1-25

TILNEY, FARRAR III

5612311000

☐ Addition

Addition

Change