

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90010 027 ****61.25

DOCUMENT # 753919

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2106979

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BROSSARD, EVERETT
 62 WOODLAND #106
 VERO BEACH FL 32962**

7. Name and Address of New Registered Agent

Name **JAMES LANDERS**
 Street Address (P.O. Box Number is Not Acceptable) **835 ROYAL PALM DRIVE**
 City **VERO BEACH** **FL** Zip Code **32960**

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 *James E. Landers*
 Signature, typed or printed name of registered agent and title if applicable.

2/28/00
 DATE

(NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<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	D	<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	S	<input checked="" type="checkbox"/> Delete
NAME	BLANHNIK, DALE	
STREET ADDRESS	3035 PAR DR	
CITY-ST-ZIP	VERO BCH FL 32960	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	TILNEY, FARRAR III	
STREET ADDRESS	5400 N A1A APT #1-25	
CITY-ST-ZIP	VERO BCH FL 32960	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOGOSIAN, A.E.	
STREET ADDRESS	2800 NORTH A1A APT 206	
CITY-ST-ZIP	FT. PIERCE, FL 34949	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THERIEN, RICHARD	
STREET ADDRESS	6601 110th PLACE	
CITY-ST-ZIP	SEBASTIAN, FL 32958	

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 persons empowered.

SIGNATURE: *James E. Landers*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/00
 Date

Date

Daytime Phone #

CR2E037 (9/99)