

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P	LANDERS, JAMES	835 ROYAL PALM DR	VERO BEACH FL 32960	<input type="checkbox"/>	<input type="checkbox"/>
D	CROSBY, RAY	3016 ATLANTIC BLVD	VERO BEACH FL 32960	<input type="checkbox"/>	<input type="checkbox"/>
D	BROSSARD, EVERETT	62 WOODLAND #106	VERO BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
D	RORICK, DOROTHY	345 RIVERWAY DR	VERO BEACH FL 32963	<input type="checkbox"/>	<input type="checkbox"/>
S	BLANHNIK, DALE	3035 PAR DR	VERO BCH FL 32960	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VTD	TILNEY, FARRAR III	5400 N A1A APT #1-25	VERO BCH FL 32960	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	BOGOSIAN, A.E.	2800 NORTH A1A APT 206	FT. PIERCE, FL 34949	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	THERIEN, RICHARD	6601 110th PLACE	SEBASTIAN, FL 32958	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)