

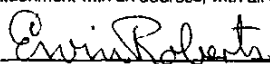


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 8:00 am**  
**Secretary of State**

07-10-2007 90007 029 \*\*\*\*61.25

<b>DOCUMENT # 753919</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2106979	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ROBERTS, ERVIN 1340 JONATHAN'S TRAIL VERO BEACH, FL 32963				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONELLI-LANDERS, VIVIAN		NAME	JACK BERRIGAN	
STREET ADDRESS	685 CATALINA ST		STREET ADDRESS	894 ISLAND CLUB SQUARE	
CITY-ST-ZIP	VERO BEACH, FL 32960		CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALLINA, FRANK		NAME	CHARLES MULLANEY	
STREET ADDRESS	1865 45TH AVE		STREET ADDRESS	829 OSPREY CT.	
CITY-ST-ZIP	VERO BEACH, FL 32966		CITY-ST-ZIP	FT PIERCE, FL 34949	
TITLE	PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, ERVIN		NAME		
STREET ADDRESS	1340 JONATHAN'S TRAIL		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
TITLE	SECRETARY - TREASURER	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RORICK, DOROTHY		NAME		
STREET ADDRESS	5075 ST JOSEPH ISLAND LN		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32967		CITY-ST-ZIP		
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOYCE, EDWARD		NAME		
STREET ADDRESS	1749 S.E. BERKSHIRE BLVD.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE, FL 32952		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIELSEN, MARGARET		NAME		
STREET ADDRESS	926 TROPIC DR.		STREET ADDRESS		
CITY-ST-ZIP	VERO BEACH, FL 32963		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 like empowered.					
SIGNATURE: 		ERVIN ROBERTS		7-2-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	