

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90825 018 ****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
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**LANDERS, JAMES
835 ROYAL PALM DRIVE
VERO BEACH FL 32960**

4. FEI Number **59-2106979**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent
Name **RAY CROSBY**
Street Address (P.O. Box Number is Not Acceptable)
3016 ATLANTIC BLVD
City **VERO BCH** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ray Crosby*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-13-03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LANDERS, JAMES	
STREET ADDRESS	685 CATALINA ST	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	P	<input type="checkbox"/> Delete
NAME	CROSBY, RAY	
STREET ADDRESS	3016 ATLANTIC BLVD	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	T	<input type="checkbox"/> Delete
NAME	ROBERTS, ERVIN	
STREET ADDRESS	1340 JONATHAN'S TRAIL	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	D	<input type="checkbox"/> Delete
NAME	RORICK, DOROTHY	
STREET ADDRESS	5075 ST JOSEPH ISLAND LN	
CITY-ST-ZIP	VERO BEACH FL 32967	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOGOSIAN, A.E	
STREET ADDRESS	2800 NORTH A1A APT 206	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THERIEN, RICHARD	
STREET ADDRESS	6601 110TH PLACE	
CITY-ST-ZIP	SEBASTIAN FL 32958	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK GALLINA V.P.	
STREET ADDRESS	1865 45th AVE	
CITY-ST-ZIP	VERO BCH, FL 32966	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIVIAN BONELLI-LANDERS	
STREET ADDRESS	685 CATALINA ST,	
CITY-ST-ZIP	VERO BCH, FL 32960	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	A.E. BOGOSIAN	
STREET ADDRESS	400 18th ST. APT. P-5	
CITY-ST-ZIP	VERO BCH, FL 32960	
TITLE		<input 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		

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 like empowered.

SIGNATURE: *Ray Crosby*
Signature typed or printed name of registered agent and title if applicable.

2-13-03 772-567-2592

CR2E037 (10/02)