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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **771202** (9)

1. Corporation Name

**REEF CLUB CONDOMINIUM ASSOCIATION OF INDIAN ROCK
S BEACH, INC.**



Principal Place of Business

Mailing Address

**417 1ST STREET
INDIAN ROCKS BEACH FL 34635**

**417 1ST STREET
INDIAN ROCKS BEACH FL 34635**

3. Date Incorporated or Qualified

11/14/1983

3a. Date of Last Report

02/09/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SULLIVAN, C. A.
311 SO. MISSOURI AVENUE
CLEARWATER FL 34616**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD PLUMLEE, PATRICIA**

STREET ADDRESS **471 1ST STREET**

CITY - ST - ZIP **INDIAN ROCKS BCH. FL**

TITLE ☒ DELETE

NAME **STD SCOTT, JEAN**

STREET ADDRESS **1000 GULF BLVD. #301**

CITY - ST - ZIP **INDIAN ROCKS BEACH FL**

TITLE ☐ DELETE

NAME **VPD GRINDLEY, KEITH**

STREET ADDRESS **1000 GULF BLVD. #401**

CITY - ST - ZIP **INDIAN ROCKS BEACH FL**

TITLE ☐ DELETE

NAME **D GIBSON, DAVID**

STREET ADDRESS **1000 GULF BLVD. #307**

CITY - ST - ZIP **INDIAN ROCKS BEACH FL**

TITLE ☒ DELETE

NAME **D CHRIST, DOROTHY**

STREET ADDRESS **S. 4774 CLIFTON PKWY**

CITY - ST - ZIP **HAMBURG NY**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

**D/S
same ←**

**T/D
PURE, MARTIN
1000 GULF BLVD # 501
INDIAN ROCKS BEACH, FL 34635**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/96

813-531-0424

Date

Daytime Phone #

CR2E037 (12/95)