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FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 33785417 1ST STREET
INDIAN ROCKS BEACH FL 33785-25093. Date Incorporated or Qualified
11/14/19833a. Date of Last Report
02/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 c/o PAREKH, COMMONS+ Co.

22 City & State

27 Suite, Apt. #, etc.

23 Zip

33785

Country

28 City & State

2700 EAST BAY DR #107
LARGO, FL

29 Zip

33771

Country

PINELLAS

4. FEI Number
59-2365365Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PLUMLEE, PATRICIA
STREET ADDRESS 471 1ST STREET
CITY-ST-ZIP INDIAN ROCKS BCH. FL

DELETE

TITLE TD
NAME ~~PURE, MARTIN~~ Roger Sickmeier
STREET ADDRESS ~~1800 GULF BLVD 501~~ 4950 PARA DR.
CITY-ST-ZIP ~~INDIAN ROCKS BEACH FL~~ CINCINNATI, OH 45237

DELETE

TITLE VPD
NAME GRINDLEY, KEITH Dorothy Christ
STREET ADDRESS ~~1000 GULF BLVD #401~~ 8.4774 CLIFTON PKWY.
CITY-ST-ZIP ~~INDIAN ROCKS BEACH FL~~ HAMBURG, NY 14075

DELETE

TITLE DS
NAME GIBSON, DAVID
STREET ADDRESS ~~1000 GULF BLVD #407~~
CITY-ST-ZIP ~~INDIAN ROCKS BEACH FL~~

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 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

Date

Daytime Phone # 0052329

CR2E037 (9/96)