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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

417 1ST STREET
INDIAN ROCKS BEACH FL 33785
US

Mailing Address

C/O PAREKH. COMMONS & CO.
2700 EAST BAY DR. #107
LARGO FL 33771
US

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 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

1.1 TITLE VD
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33785

TITLE TD
NAME SICKMEIER, ROGER
STREET ADDRESS 4950 PARA DR.
CITY-ST-ZIP CINCINNATI OH

2.1 TITLE TD
2.2 NAME TOM FREDETTE
2.3 STREET ADDRESS 1000 GULF BLVD #311
2.4 CITY-ST-ZIP INDIAN ROCKS BCH FL 33785

TITLE VPD
NAME CHRIST, DOROTHY
STREET ADDRESS S. 4774 CLIFTON PKY
CITY-ST-ZIP HAMBURG NY

3.1 TITLE SD
3.2 NAME JUANA VENEGAS
3.3 STREET ADDRESS 1000 GULF BLVD #107
3.4 CITY-ST-ZIP INDIAN ROCKS BCH FL 33785

TITLE D
NAME SCOTT JEAN
STREET ADDRESS 1000 GULF BLVD #301
CITY-ST-ZIP INDIAN ROCKS BCH FL

4.1 TITLE PD
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 33785

TITLE D
NAME HORTON, LEWIS
STREET ADDRESS 39 QUINCY ST.
CITY-ST-ZIP MEDFORD MA

5.1 TITLE D
5.2 NAME DAVID GIBSON
5.3 STREET ADDRESS 1000 GULF BLVD #307
5.4 CITY-ST-ZIP INDIAN ROCKS BCH FL 33785

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. 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 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:

SIG (Signature) [Signature]

1/26/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)