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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90068 020 \*\*\*\*61.25

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DOCUMENT # 771202

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

21 1000 GULF BLVD  
Suite, Apt. #, etc.

22 INDIAN ROCKS BEACH FL  
City & State

23 33785 US  
Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/14/1983

4. FEI Number

59-2365365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

TITLE TD ☐ DELETE  
NAME FREDETTE, TOM  
STREET ADDRESS 1000 GULF BLVD #311  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE SD ☐ DELETE  
NAME VENEGAS, JUANA  
STREET ADDRESS 1000 GULF BLVD #107  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE PD ☐ DELETE  
NAME SCOTT JEAN  
STREET ADDRESS 1000 GULF BLVD #301  
CITY-ST-ZIP INDIAN ROCKS BCH FL 33785

TITLE D ☐ DELETE  
NAME GIBSON, DAVID  
STREET ADDRESS 1000 GULF BLVD #307  
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME Lou HORTON  
1.3 STREET ADDRESS 3824 ANGLERS LANE  
1.4 CITY-ST-ZIP LARGO FL 33774

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

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 by me. 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. If I am not an officer or director, 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. Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas A. Fredette* THOMAS A. FREDETTE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (11/98)