

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90456 034 ****61.25

DOCUMENT # 771202

1. Entity Name

REEF CLUB CONDOMINIUM ASSOCIATION OF INDIAN
ROCKS BEACH, INC.



Principal Place of Business

1000 GULF BLVD
INDIAN ROCKS BEACH FL 33785
US

Mailing Address

C/O RICHARD C. COMMONS, P.A.
300 S DUNCAN AVE STE 220B
CLEARWATER FL 33755
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2365365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, JEAN
420 HARBOR DR S
INDIAN ROCKS BEACH FL 33785

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE TD
NAME Tom Fredette
STREET ADDRESS 1000 Gulf Blvd. #311
CITY-ST-ZIP Indian Rocks Beach, FL 33785 ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME SCOTT JEAN
STREET ADDRESS 420 HARBOR DR S.
CITY-ST-ZIP INDIAN ROCKS BCH FL 33785 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME GILLESPIE, JOE
STREET ADDRESS 1000 GULF BLVD #307
CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME WALCOTT, JOAN
STREET ADDRESS 3824 ANGLERS LANE
CITY-ST-ZIP LARGO FL 33774 ☐ Delete

TITLE D
NAME Joan Walcott
STREET ADDRESS 3824 Anglers Lane
CITY-ST-ZIP Largo, FL 33774 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

jean scott

4/21/2004

727-
595-1531