

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2006 8:00 am
Secretary of State

02-17-2006 90086 014 ****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																																																																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																																																																																																																																					
6. Name and Address of Current Registered Agent SCOTT, JEAN 420 HARBOR DR S INDIAN ROCKS BEACH, FL 33785				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>																																																																																																																																									
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																					
Make check payable to Florida Department of State																																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">TD</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>FREDETTE, TOM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1000 GULF BLVD #311</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>INDIAN ROCKS BEACH, FL 33785</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VENEGAS, JUANA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1000 GULF BLVD #107</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>INDIAN ROCKS BEACH, FL 33785</td> <td></td> </tr> <tr> <td>TITLE</td> <td>PD</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>SCOTT JEAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>420 HARBOR DR S.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>INDIAN ROCKS BCH, FL 33785</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GILLESPIE, JOE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1000 GULF OF BLVD #402</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>INDIAN ROCKS BEACH, FL 33785</td> <td></td> </tr> <tr> <td>TITLE</td> <td>R T</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WALCOTT, JOAN Kandy</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3824 ANGLERS LANE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>LARGO, FL 33774</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">D</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Lee Tuuri</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4021 W. Leona St.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Tampa, FL 33629</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	TD	<input checked="" type="checkbox"/> Delete	NAME	FREDETTE, TOM		STREET ADDRESS	1000 GULF BLVD #311		CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		TITLE	VPD	<input type="checkbox"/> Delete	NAME	VENEGAS, JUANA		STREET ADDRESS	1000 GULF BLVD #107		CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		TITLE	PD	<input type="checkbox"/> Delete	NAME	SCOTT JEAN		STREET ADDRESS	420 HARBOR DR S.		CITY-ST-ZIP	INDIAN ROCKS BCH, FL 33785		TITLE	S	<input type="checkbox"/> Delete	NAME	GILLESPIE, JOE		STREET ADDRESS	1000 GULF OF BLVD #402		CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785		TITLE	R T	<input type="checkbox"/> Delete	NAME	WALCOTT, JOAN Kandy		STREET ADDRESS	3824 ANGLERS LANE		CITY-ST-ZIP	LARGO, FL 33774		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	Lee Tuuri		STREET ADDRESS	4021 W. Leona St.		CITY-ST-ZIP	Tampa, FL 33629		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete																																																																																																																																							
NAME	FREDETTE, TOM																																																																																																																																								
STREET ADDRESS	1000 GULF BLVD #311																																																																																																																																								
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785																																																																																																																																								
TITLE	VPD	<input type="checkbox"/> Delete																																																																																																																																							
NAME	VENEGAS, JUANA																																																																																																																																								
STREET ADDRESS	1000 GULF BLVD #107																																																																																																																																								
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785																																																																																																																																								
TITLE	PD	<input type="checkbox"/> Delete																																																																																																																																							
NAME	SCOTT JEAN																																																																																																																																								
STREET ADDRESS	420 HARBOR DR S.																																																																																																																																								
CITY-ST-ZIP	INDIAN ROCKS BCH, FL 33785																																																																																																																																								
TITLE	S	<input type="checkbox"/> Delete																																																																																																																																							
NAME	GILLESPIE, JOE																																																																																																																																								
STREET ADDRESS	1000 GULF OF BLVD #402																																																																																																																																								
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785																																																																																																																																								
TITLE	R T	<input type="checkbox"/> Delete																																																																																																																																							
NAME	WALCOTT, JOAN Kandy																																																																																																																																								
STREET ADDRESS	3824 ANGLERS LANE																																																																																																																																								
CITY-ST-ZIP	LARGO, FL 33774																																																																																																																																								
TITLE		<input type="checkbox"/> Delete																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																							
NAME	Lee Tuuri																																																																																																																																								
STREET ADDRESS	4021 W. Leona St.																																																																																																																																								
CITY-ST-ZIP	Tampa, FL 33629																																																																																																																																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Jeann Scott</u> <u>March 6, 2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																									

66004931



02012006 Chg-NP CR2E037 (11/05)



ATTACHMENT

66004931

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2006

REEF CLUB CONDOMINIUM ASSOCIATION OF INDIAN ROCKS BEACH
C/O RICHARD C. COMMONS, P.A.
300 S DUNCAN AVE STE 220B
CLEARWATER, FL 33755 US

Subject: REEF CLUB CONDOMINIUM ASSOCIATION OF INDIAN ROCKS

Reference Number: 771202

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report has not been filed and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH
ANNUAL REPORTS SECTION