

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90142 008 \*\*\*\*61.25

**DOCUMENT # 771202**

1. Entity Name

**REEF CLUB CONDOMINIUM ASSOCIATION OF INDIAN ROCK  
S BEACH, INC.**



Principal Place of Business

**1000 GULF BLVD  
INDIAN ROCKS BEACH FL 33785  
US**

Mailing Address

**C/O RAREKIT COMMONS & CO. Richard C. Commons, P.F.  
2700 EAST BAY DR. #107  
LARGO FL 33771  
US**

2. Principal Place of Business

3. Mailing Address

**300 S. Duncan Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 220 B**

City & State

City & State

**Clearwater, FL**

Zip

Country

Zip

Country

**33755**

**USA**

4. FEI Number **59-2365365**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

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 **Jean Scott**

**3/7/03**

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**

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

TITLE **CORRESPONDING SECRETARY** ☐ Change ☒ Addition  
NAME **JOAN WALCOTT**  
STREET ADDRESS **3824 ANGLERS LANE**  
CITY-ST-ZIP **LARGO, FL 33774**

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

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

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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: **Thomas A. Fredette** **THOMAS A. FREDETTE** **3/7/03** **727/595-5200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)