

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90028 043 ****61.25

DOCUMENT # N99000003875
 1. Entity Name
REEF STORAGE COMMERCIAL CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
16 BARRACUDA LANE **1982 SE FEDERAL HWY**
KEY LARGO FL 33037 **STUART FL 34994**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0980855 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GREENSPOON, MARDER, HIRSCHFIELD ET AL
100 W CYPRESS CREEK RD, SUITE 700
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent
 Name: ~~Bradley P~~
 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 is required when constituting) DATE

FILE NOW - FEE IS \$61.25
Due By May 1, 2008

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

TITLE	PVST	<input type="checkbox"/> Delete
NAME	DRESSLER, BRADLEY P	
STREET ADDRESS	1982 SE FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LARSON, JOHN	
STREET ADDRESS	16 BARRACUDA LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOENSON, JULIA	
STREET ADDRESS	16 BARRACUDA LANE	
CITY-ST-ZIP	KEY LARGO FL 33037	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dressler Bradley P	
STREET ADDRESS		
CITY-ST-ZIP	Director	
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 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 Section 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 and all other like empowered.

SIGNATURE: 1/20/08