

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 753919

**FILED**  
**Jan 31, 2024**  
**Secretary of State**  
**9715038486CC**

**Entity Name:** THE REEF OCEAN RESORT ASSOCIATION, INC.

**Current Principal Place of Business:**

3450 OCEAN DRIVE  
VERO BEACH, FL 32963-1683

**Current Mailing Address:**

3450 OCEAN DRIVE  
VERO BEACH, FL 32963-1683

**FEI Number:** 59-2106979

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

URS AGENTS, LLC  
3458 LAKESHORE DR  
TALLAHASSEE, FL 32312 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DIRECTOR  
Name           BERRIGAN, JOHN T  
Address       7745 INDIAN OAKS DR H305  
City-State-Zip: VERO BEACH FL 32966

Title           VP  
Name           GARDNER, GEORGE  
Address       814 BAYOU VIEW DR.  
City-State-Zip: BRANDON FL 33510

Title           SECRETARY  
Name           GABRIEL, MELODY  
Address       422 PINEAPPLE SQUARE SW  
City-State-Zip: VERO BEACH FL 32962

Title           TREASURER  
Name           SOUTHERLY, LANEY  
Address       5115 MYRTLE DRIVE  
City-State-Zip: FT.PIERCE FL 34982

Title           PRESIDENT  
Name           GAY, JAMES  
Address       14369 LARKSPUR LANE  
City-State-Zip: WELLINGTON FL 33414

Title           DIRECTOR  
Name           HUNTER, DANIEL  
Address       14425 LARKSPUR LANE  
City-State-Zip: WELLINGTON FL 33414

Title           DIRECTOR  
Name           CHAMBERLAIN, SCOTT  
Address       2642 KEFAUVER ST  
City-State-Zip: MELBOURNE FL 32935

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JOHN BERRIGAN**

**DIRECTOR**

**01/31/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date