

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 15, 2000 8:00 am
Secretary of State

04-11-2000 90018 002 ****61.25

DOCUMENT # 731616

1. Entity Name

THE REEF CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

16558 NE 26TH AVE
 NORTH MIAMI BCH FLORIDA 33160

16558 NE 26TH AVE
 NORTH MIAMI BCH FLORIDA 33160-4067

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

59-1636035

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KALICHE, ANTHONY
BLUE LAGOON CORP. CENTER
6161 BLUE LAGOON DR., SUITE 250
MIAMI FL 33126

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.

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	GUTIRREZ, CECILIA	
STREET ADDRESS	16558 NE 28TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PAINÉ, LLOYD CAROL	
STREET ADDRESS	16558 NE 28TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL 33160	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	DRACH, GUY	
STREET ADDRESS	16558 NE 28TH AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33160	
TITLE	DT	<input type="checkbox"/> Delete
NAME	GOLDEN, JULIUS	
STREET ADDRESS	16558 NE 26TH AVE	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	GOLDEN, RHODA	
STREET ADDRESS	16565 NE 26TH AVE	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gutierrez Cecilia	
STREET ADDRESS	16558 N.E. 26th Ave	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paine, Lloyd Carol	
STREET ADDRESS	16558 NE 26th Ave	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	F. J. Nankin	
STREET ADDRESS	16558 N.E. 26th Ave	
CITY-ST-ZIP	N. Miami Beach, FL 33160	
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 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:

F. J. Nankin **REQUIRED** Nankin

4.7.2000

305-944-1673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CH2E037 (9/99)