


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90019 031 ****61.25

DOCUMENT # 748735 1. Entity Name THE REEF CONDOMINIUM ASSOCIATION OF MELBOURNE, INC.					
Principal Place of Business 1095 NORTH A1A HWY #808 INDIALANTIC, FL 32903			Mailing Address 1095 NORTH A1A HWY #808 INDIALANTIC, FL 32903		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02222008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-1976317				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent WILDMAN, JANE 1095 N. HWY A1A, 601 INDIALANTIC, FL 32903			7. Name and Address of New Registered Agent Name HEMENWAY, SUSAN E. Street Address (P.O. Box Number is Not Acceptable) 1095 N. HWY A1A # 203 City INDIALANTIC FL Zip Code 32903		
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 <i>Susan E. Hemenway</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 2/26/08 <small>(NOTE: Registered Agent signature required when reappointing)</small>		
Filing Fee is \$61.25 Due by May 1, 2008			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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WLEN, ELLEN F 1095 N. HWY A1A, 306 INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHES, ALICIA 4 JUNIPER STREET NEW CASTLE, DE 19720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEIDL, BOB 1095 N A1A #607 INDIALANTIC, FL 32903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILDMAN, JANE U 1095 N. HWY A1A, 601 INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPL BLODGETT, HARRIETT 1095 N. HWY A1A # 406 INDIALANTIC, FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPL HEMENWAY, SUSAN E 1095 N. HWY A1A, 203 INDIALANTIC, FL 32903	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HEMENWAY, SUSAN E 1095 N. HWY A1A # 203 INDIALANTIC FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM DENICOLN, LOUISE 1095 N. HWY A1A #407 INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPM VIANI, JOSEPH 1095 N. HWY A1A # 201 INDIALANTIC FL 32903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Susan E. Hemenway</i> SUSAN E. HEMENWAY, PRESIDENT 2/25/2008 728-9333 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					