

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753919

FILED
Feb 02, 2009
Secretary of State

Entity Name: THE REEF OCEAN RESORT ASSOCIATION, INC.

Current Principal Place of Business:

3450 OCEAN DRIVE
VERO BEACH, FL 329631683

New Principal Place of Business:

Current Mailing Address:

3450 OCEAN DRIVE
VERO BEACH, FL 329631683

New Mailing Address:

FEI Number: 59-2106979 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, ERVIN
1340 JONATHAN'S TRAIL
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: BERRIGAN, JACK
Address: 894 ISLAND CLUB SQUARE
City-St-Zip: VERO BEACH, FL 32963

Title: D () Delete
Name: GALLINA, FRANK
Address: 1865 45TH AVE
City-St-Zip: VERO BEACH, FL 32966

Title: P () Delete
Name: ROBERTS, ERVIN
Address: 1340 JONATHAN'S TRAIL
City-St-Zip: VERO BEACH, FL 32963

Title: ST () Delete
Name: RORICK, DOROTHY
Address: 5075 ST JOSEPH ISLAND LN
City-St-Zip: VERO BEACH, FL 32967

Title: VP () Delete
Name: JOYCE, EDWARD
Address: 1749 S.E. BERKSHIRE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 32952

Title: D () Delete
Name: NIELSEN, MARGARET
Address: 926 TROPIC DR.
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GALLINA, FRANK
Address: 348 HERITAGE BLVD
City-St-Zip: VERO BEACH, FL 32966

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: NIELSEN, MARGARET
Address: 103 GROVE ISLE PLACE
City-St-Zip: VERO BEACH, FL 32962

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ERVIN ROBERTS

Electronic Signature of Signing Officer or Director

PRES

02/02/2009

Date