FILED
Apr 30, 2008 08:00 AM
Secretary of State

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 762409

1. Entity Name
THE REEF AT MARATHON CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6800 OVERSEAS HWY MARATHON, FL 33050	6800 OVERSEAS HWY MARATHON, FL 33050

DO NOT WRITE IN THIS SPACE

04252008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2345917
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ELINE, WILLIAM
6800 OVERSEAS HWY
MARATHON, FL 33050

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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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	DAVID, JOHN H
STREET ADDRESS	6800 OVERSEAS HWY
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	2NDV
NAME	KREUTLE, JOE
STREET ADDRESS	6800 OVERSEAS HWY
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	P
NAME	ELINE, WILLIAM
STREET ADDRESS	P.O. BOX 13747
CITY-ST-ZIP	FT PIERCE, FL 34979
TITLE	T
NAME	ULAM, BOB
STREET ADDRESS	6800 OVERSEAS HWY
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	S
NAME	ADAMS, RON
STREET ADDRESS	6800 OVERSEAS HWY
CITY-ST-ZIP	MARATHON, FL 33050
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/27/08-80075-025 61.25

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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: _____ 4-25-08 305-743-7800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #