

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 762899**

1. Entity Name  
REEF RESORT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
5800 GULF BLVD.  
ST. PETERSBURG BCH., FL 33706

Mailing Address  
5800 GULF BLVD.  
ST. PETERSBURG BCH., FL 33706



05242006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-2268905

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BLEDSON, JAMES  
5800 GULF BLVD  
ST. PETERSBURG BCH., FL 33706

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEEZHOLD, RALPH 10666 DIXON DRIVE SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OBRIEN, TOM 23041 AVENIDA DE LA CARLOTA LAGUNA HILLS, CA 92653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, ED C 2625 TERRA CRIA BAY BLVD #701 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLEDSON, JIM 10710 WOODMERE RD TAMPA, FL 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MORGAN, JOE 8167 CANYON LAKE CR ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000566420  
05/31/06-80002-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-06

Date

321-868-7777

Daytime Phone #