


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90114 040 ****61.25

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	03122008 Chg-NP CR2E037 (12/06)	
4. FEI Number 59-2268905				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BLEDSOE, JAMES 5800 GULF BLVD. ST. PETERSBURG BCH., FL 33706			Name DALE SCHUENEMAN Street Address (P.O. Box Number is Not Acceptable) 5800 GULF BLVD. City ST PETERSBURG BCH FL Zip Code 33706		
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 DALE SCHUENEMAN <small>Signature, typed or printed name of registered agent, and no if applicable</small>			Dale R. Schuener <small>NOTE: Registered Agent signature required when reinstating</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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BEEZHOLD, RALPH 5800 GULF BLVD SAINT PETERSBURG, FL 33706		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Delete D SINN, RONALD 5800 GULF BLVD SAINT PETERSBURG, FL 33706	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAPE, RANDY 5800 GULF BLVD SAINT PETERSBURG, FL 33706		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BENNETT, EDWIN 5800 GULF BLVD SAINT PETERSBURG, FL 33706		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLEDSOE, JAMES 5800 GULF BLVD SAINT PETERSBURG, FL 33706		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORGAN, JOE 5800 GULF BLVD SAINT PETERSBURG, FL 33706		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SCHWARTZ, RICHARD 5800 GULF BLVD SAINT PETERSBURG, FL 33706		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: ED. C. BENNETT <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Director SECY/TREAS 03/28/06 941-7217161 <small>Date Daytime Phone #</small>		