2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2009
Secretary of State

DOCUMENT# N08000009704

Entity Name: TAMPA BAY REEF CLUB, INC.

Current Principal Place of Business:

1835 WOODCUT DRIVE
LUTZ, FL 33559

New Principal Place of Business:

Current Mailing Address:

1835 WOODCUT DRIVE
LUTZ, FL 33559

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGOLD, SUSAN R
1835 WOODCUT DRIVE
LUTZ, FL 33559 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: P ( ) Delete
Name: INGOLD, SUSAN R
Address: 1835 WOODCUT DRIVE
City-St-Zip: LUTZ, FL 33559

Title: VP ( ) Delete
Name: MARNELL, BRUCE
Address: 1835 WOODCUT DRIVE
City-St-Zip: TAMPA, FL 33559

Title: SEC ( ) Delete
Name: BOYD, STEPHEN
Address: 1835 WOODCUT DRIVE
City-St-Zip: TAMPA, FL 33559

Title: TREA ( ) Delete
Name: JUSTICE, ROBERT
Address: 1835 WOODCUT DRIVE
City-St-Zip: TAMPA, FL 33559

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: KANIADAKIS, DARIN
Address: 2895 64TH AVE. S.
City-St-Zip: ST. PETERSBURG, FL 33712

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

Title: TREA (X) Change ( ) Addition
Name: JUSTICE, BOBBY
Address: 3610 S. CLARK AVE.
City-St-Zip: TAMPA, FL 33629

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: SUSAN INGOLD PRES 01/11/2009

Electronic Signature of Signing Officer or Director — Date