

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713075 (0)

1. Corporation Name

OCEAN REEF COMMUNITY ASSOCIATION, INC.



Principal Place of Business 100 ANCHOR DRIVE STE. 505 KEY LARGO FL 33037	Mailing Address 100 ANCHOR DRIVE STE. 505 KEY LARGO FL 33037
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3. Date Incorporated or Qualified 07/18/1967	3a. Date of Last Report 09/07/1995
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2. Principal Place of Business 21 Suite Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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4. FEI Number 59-1747816	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOWARD, HOWARD K	
STREET ADDRESS	32 CHANNEL CAY ROAD	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORGAN, ROBERT C.	
STREET ADDRESS	14 OSPREY LANE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIDSON, THOMAS N	
STREET ADDRESS	29 CARDINAL LANE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCLURE, LOIS B	
STREET ADDRESS	19 E. SNPPER PT. DRIVE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DISABATINO, EUGENE D	
STREET ADDRESS	165 S. HARBOR DRIVE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RITZ, DAVID C	
STREET ADDRESS	31 OCEAN REEF DRIVE	
CITY-ST-ZIP	KEY LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: DAVID CRITZ DATE: 1/29/96 DAYTIME PHONE #: 305 367-3067

CR2E037 (12/95)