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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 713075 (0)
1. Corporation Name
OCEAN REEF COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
100 ANCHOR DRIVE STE. 505 KEY LARGO FL 33037
100 ANCHOR DRIVE STE. 505 KEY LARGO FL 33037-5277

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 29 Country 30

3. Date Incorporated or Qualified 07/18/1967 3a. Date of Last Report 02/02/1996
4. FEI Number 59-1747816 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> President <input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, HOWARD K	1.2 NAME	Bricker, Melvin I.
STREET ADDRESS	32 CHANNEL CAY ROAD	1.3 STREET ADDRESS	37 Moorings Unit B
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	Key Largo, FL
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, ROBERT C.	2.2 NAME	Howard, Howard K
STREET ADDRESS	14 OSPREY LANE	2.3 STREET ADDRESS	32 Channel Cay Road
CITY-ST-ZIP	KEY LARGO FL	2.4 CITY-ST-ZIP	Key Largo, FL
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	Vice-President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, THOMAS N	3.2 NAME	Di Sabatino, Eugene D.
STREET ADDRESS	29 CARDINAL LANE	3.3 STREET ADDRESS	24 Thatch Palm Way
CITY-ST-ZIP	KEY LARGO FL	3.4 CITY-ST-ZIP	Key Largo, FL
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	Treasurer-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, LOIS B	4.2 NAME	Davidson, Thomas N.
STREET ADDRESS	19 E. SNPPER PT. DRIVE	4.3 STREET ADDRESS	29 Cardinal Lane
CITY-ST-ZIP	KEY LARGO FL	4.4 CITY-ST-ZIP	Key Largo, FL
TITLE	<input checked="" type="checkbox"/> Vice President <input type="checkbox"/> DELETE	5.1 TITLE	Secretary-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISABATINO, EUGENE D	5.2 NAME	McClure, Lois B.
STREET ADDRESS	165 S. HARBOR DRIVE	5.3 STREET ADDRESS	19 E. Snapper Lane
CITY-ST-ZIP	KEY LARGO FL	5.4 CITY-ST-ZIP	Key Largo, FL
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	Asst. Sec.-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITZ, DAVID C	6.2 NAME	Ritz, David C.
STREET ADDRESS	31 OCEAN REEF DRIVE	6.3 STREET ADDRESS	31 Ocean Reef Drive
CITY-ST-ZIP	KEY LARGO FL	6.4 CITY-ST-ZIP	Key Largo, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* ASST. SECRETARY 2/17/96 (305)367 3067
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024467

CR2E037 (9/96)