


FILE NOW: FILING FEE IS \$61.25

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Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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  
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3. Date Incorporated or Qualified  
07/16/1967  
4. FEI Number  
59-1747816  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 28 Zip 29 Country 30

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	P	<input type="checkbox"/> DELETE
NAME	HOWARD, HOWARD K	
STREET ADDRESS	32 CHANNEL CAY ROAD	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRICKER, MELVIN I	
STREET ADDRESS	37 MOORINGS UNIT B	
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 checked="" type="checkbox"/> DELETE
NAME	MCCLURE, LOIS B	
STREET ADDRESS	19 E SNAPPER LANE	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DISABATINO, EUGENE D	
STREET ADDRESS	24 THATCH PALM WAY	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	ASD	<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		
1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Howard, Howard K	
1.3 STREET ADDRESS	32 Channel Cay Road	
1.4 CITY-ST-ZIP	Key Largo, FL	
2.1 TITLE	Treasurer - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Shields, Peter F.	
2.3 STREET ADDRESS	15 Sunrise Cay Drive	
2.4 CITY-ST-ZIP	Key Largo, FL	
3.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Davidson, Thomas N.	
3.3 STREET ADDRESS	7 Sunrise Cay Drive	
3.4 CITY-ST-ZIP	Key Largo, FL	
4.1 TITLE	Secretary - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dawson, Ruth	
4.3 STREET ADDRESS	65 Tarpon Lane	
4.4 CITY-ST-ZIP	Key Largo, FL	
5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DiSabatino, Eugene D.	
5.3 STREET ADDRESS	24 Thatch Palm Way	
5.4 CITY-ST-ZIP	Key Largo, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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]* 2/25/98 305-367-3067

CFR2037 (10/97)