


FILE NOW: FILING FEE IS \$61.25

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Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713075

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 07/18/1967	4. FEI Number 59-1747816	Applied For Not Applicable
		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	

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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOWARD, HOWARD K	1.2 NAME	McClements, Jr., Robert
STREET ADDRESS	32 CHANNEL CAY ROAD	1.3 STREET ADDRESS	31 Cardinal Lane
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	Key Largo, FL
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	VOID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIELDS, PETER F	2.2 NAME	Shields, Peter F
STREET ADDRESS	15 SUNRISE CAY DR	2.3 STREET ADDRESS	15 Sunrise Cay Dr.
CITY-ST-ZIP	KEY LARGO FL	2.4 CITY-ST-ZIP	Key Largo, FL
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIDSON, THOMAS N	3.2 NAME	Davidson, Thomas N.
STREET ADDRESS	29 CARDINAL LANE	3.3 STREET ADDRESS	7 Sunrise Cay Dr.
CITY-ST-ZIP	KEY LARGO FL	3.4 CITY-ST-ZIP	Key Largo, FL
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAWSON, DAVID	4.2 NAME	Dawson, Ruth
STREET ADDRESS	65 TARPON LANE	4.3 STREET ADDRESS	65 Tarpon Lane
CITY-ST-ZIP	KEY LARGO FL	4.4 CITY-ST-ZIP	Key Largo, FL
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISABATINO, EUGENE D	5.2 NAME	Disabatino, Eugene D.
STREET ADDRESS	24 THATCH PALM WAY	5.3 STREET ADDRESS	24 Thatch Palm Way
CITY-ST-ZIP	KEY LARGO FL	5.4 CITY-ST-ZIP	Key Largo, FL
TITLE	ASD <input type="checkbox"/> DELETE	6.1 TITLE	P <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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.074(1), 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, with all other like empowered.

SIGNATURE: DAVID C. RITZ **SIGNATURE REQUIRED** C. Ritz Date: 305-367-3061
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)