

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90126 019 ****61.25

DOCUMENT # 713075

1. Entity 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

3. Mailing Address

24 Dockside Lane

24 Dockside Lane

Suite, Apt. #, etc.
 505

Suite, Apt. #, etc.
 PMB 505

City & State
 Key Largo, Florida

City & State
 Key Largo, Florida

4. FEI Number
59-1747816

Applied For
 Not Applicable

Zip Country
 33037 - USA

Zip Country
 33037 - USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D MCCLEMENTS, ROBERT JR 31 CARDINAL LANE KEY LARGO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VCD SHIELDS, PETER F 15 SUNRISE CAY DR KEY LARGO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete CD DAVIDSON, THOMAS N 7 SUNRISE CAY DR KEY LARGO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SD DAWSON, RUTH 65 TARPON LANE KEY LARGO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D DISABATINO, EUGENE D 24 THATCH PALM WAY KEY LARGO FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P RITZ, DAVID C 31 OCEAN REEF DRIVE KEY LARGO FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VCD McClements, Robert Jr. 31 Cardinal Lane Key Largo, Florida 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CD Shields, Peter F. 15 Sunrise Cay Drive Key Largo, Florida 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Richard Miller 9 Bay Ridge Road Key Largo, Florida 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David C. Ritz* David C. Ritz, President 1/31/2000 (305) 367-3067

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)