

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 713075**

1. Entity Name

**OCEAN REEF COMMUNITY ASSOCIATION, INC.**

**FILED**  
 01 MAR 15 PM 2:32  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

24 DOCKSIDE LANE  
 PMB 505  
 KEY LARGO FL 33037

24 DOCKSIDE LANE  
 PMB 505  
 KEY LARGO FL 33037



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1747816**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

700003854947-6  
 -03/15/01--01106--001  
 \*\*\*\*172.50 \*\*\*\*\*61.25

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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/23/01* *305-367-3067*  
 Date Daytime Phone #

CR2E037 (10/00)