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**APPROVED  
AND  
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**CORPORATION  
ANNUAL REPORT  
1995**



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

95 APR -4 AM 10:22

**DOCUMENT # 747700 (3)**  
1. Corporation Name  
**THE HEALTH AND TENNIS CLUB AT OCEAN REEF, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
INC. INC.  
14 ANCHOR DR. 14 ANCHOR DR.  
KEY LARGO FL 33037 KEY LARGO FL 33037

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>06/15/1979</b>	3a. Date of Last Report <b>02/08/1994</b>
4. FEI Number <b>59-1918608</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>314 ANCHOR DR</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>314 ANCHOR DR</b> Suite, Apt. #, etc.
23 <b>KEY LARGO, FL</b> City & State	27 <b>KEY LARGO, FL</b> City & State
24 <b>33037</b> 25 <b>USA</b> Zip Country	29 <b>33037</b> 30 <b>USA</b> Zip Country

9. Name and Address of Current Registered Agent <b>KUCKER, FRED R ONE BISCAYNE TOWER SUITE 1740 TWO SOUTH BISCAYNE BLVD MIAMI FL</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	NAME <b>LANDER, RAYMOND A.</b>	1.1 TITLE <b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>OCEAN REEF CLUB</b>	CITY-ST-ZIP <b>KEY LARGO, FL 00000</b>	1.2 NAME <b>HARVEY KLEIN</b>	
		1.3 STREET ADDRESS <b>OCEAN REEF CLUB</b>	
		1.4 CITY-ST-ZIP <b>KEY LARGO FL 33037</b>	
TITLE <b>SD</b>	NAME <b>LYNN, WRIGHT</b>	2.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit
STREET ADDRESS <b>OCEAN REEF CLUB</b>	CITY-ST-ZIP <b>KEY LARGO, FL 00000</b>	2.2 NAME <b>JEANNIE SCHIAVONE</b>	
		2.3 STREET ADDRESS <b>OCEAN REEF CLUB</b>	
		2.4 CITY-ST-ZIP <b>KEY LARGO FL 33037</b>	
TITLE <b>CD</b>	NAME <b>WILLIAMS, LEO H.</b>	3.1 TITLE <b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addit.
STREET ADDRESS <b>OCEAN REEF CLUB</b>	CITY-ST-ZIP <b>KEY LARGO, FL 00000</b>	3.2 NAME <b>FORD, LOUISE D.</b>	
		3.3 STREET ADDRESS <b>OCEAN REEF CLUB</b>	
		3.4 CITY-ST-ZIP <b>KEY LARGO FL. 33037</b>	
TITLE <b>VD</b>	NAME <b>VINCUNAS, RAY</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>OCEAN REEF CLUB</b>	CITY-ST-ZIP <b>KEY LARGO, FL 00000</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <b>TD</b>	NAME <b>DERDERIAN, BOB</b>	5.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>OCEAN REEF CLUB</b>	CITY-ST-ZIP <b>KEY LARGO, FL 00000</b>	5.2 NAME <b>DERDERIAN, BOB</b>	
		5.3 STREET ADDRESS <b>OCEAN REEF CLUB</b>	
		5.4 CITY-ST-ZIP <b>KEY LARGO, FL. 33037</b>	
TITLE <b>PD</b>	NAME <b>FORD, LOUISE D</b>	6.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>OCEAN REEF CLUB</b>	CITY-ST-ZIP <b>KEY LARGO, FL 00000</b>	6.2 NAME <b>JEANNE R. SMITH</b>	
		6.3 STREET ADDRESS <b>OCEAN REEF CLUB</b>	
		6.4 CITY-ST-ZIP <b>KEY LARGO FL 33037</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Louise D. Ford PRESIDENT 3/28/95 305-367-3201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Keyfile 12224)