

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business Mailing Address
314 ANCHOR DRIVE 314 ANCHOR DRIVE
~~11 ANCHOR DR.~~ ~~11 ANCHOR DR.~~
KEY LARGO FL 33037 KEY LARGO FL 33037
US US

3. Date Incorporated or Qualified 06/15/1979 3a. Date of Last Report 04/04/1995

2. Principal Place of Business 21 314 ANCHOR DR Suite, Apt. #, etc. 22 City & State 23 KEY LARGO, FL Zip 24 33037	2a. Mailing Address 26 314 ANCHOR DR Suite, Apt. #, etc. 27 City & State 28 KEY LARGO, FL Zip 29 33037	4. FEI Number 59-1918608	Applied For Not Applicable
Country 25 USA	Country 30 USA	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
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KUCKER, FRED R ONE BISCAYNE TOWER SUITE 1740 TWO SOUTH BISCAYNE BLVD MIAMI FL	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITILE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARVEY KLEIN	1.2 NAME	
STREET ADDRESS	OCEAN REEF CLUB	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	1.4 CITY-ST-ZIP	
TITILE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEANNIE SCHIAYONE	2.2 NAME	SD VIRGINIA O'CONNOR
STREET ADDRESS	OCEAN REEF CLUB	2.3 STREET ADDRESS	OCEAN REEF CLUB
CITY-ST-ZIP	KEY LARGO FL	2.4 CITY-ST-ZIP	KEY LARGO FL 33037
TITILE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FORD, LOUISE D.	3.2 NAME	C (VACANT)
STREET ADDRESS	OCEAN REEF CLUB	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	3.4 CITY-ST-ZIP	
TITILE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD VINCUNAS, RAY	4.2 NAME	ANTONIO MARKS
STREET ADDRESS	OCEAN REEF CLUB	4.3 STREET ADDRESS	OCEAN REEF CLUB
CITY-ST-ZIP	KEY LARGO, FL 00000	4.4 CITY-ST-ZIP	KEY LARGO FL 33037
TITILE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D BERBERIAN, BOB	5.2 NAME	VD PETER K. SWENSON
STREET ADDRESS	OCEAN REEF CLUB	5.3 STREET ADDRESS	OCEAN REEF CLUB
CITY-ST-ZIP	KEY LARGO FL	5.4 CITY-ST-ZIP	KEY LARGO FL 33037
TITILE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P JEANINE R. SMITH	6.2 NAME	
STREET ADDRESS	OCEAN REEF CLUB	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	6.4 CITY-ST-ZIP	

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 119.07(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: Jeanine R. Smith 2/12/96 305 367 3201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)