

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 04 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 747700 (3)**  
 1. Corporation Name  
**THE HEALTH AND TENNIS CLUB AT OCEAN REEF, INC.**



Principal Place of Business 314 ANCHOR DRIVE KEY LARGO FL 33037 US	Mailing Address 314 ANCHOR DRIVE KEY LARGO FL 33037 US
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3. Date Incorporated or Qualified  
**06/15/1979**

4. FEI Number  
**59-1918608**

Applied For	
Not Applicable	

2. Principal Place of Business  
 21 [ ] 2a. Mailing Address  
 26 [ ]

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

Suite, Apt. #, etc.  
 22 [ ] 27 [ ]

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

City & State  
 23 [ ] 28 [ ]

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

Zip Country  
 24 [ ] 25 [ ] 29 [ ] 30 [ ]

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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 **FL** 85 Zip Code

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**

TITLE	T	<input type="checkbox"/> DELETE
NAME	HARVEY KLEIN	
STREET ADDRESS	OCEAN REEF CLUB	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	O'CONNOR, VIRGINIA	
STREET ADDRESS	OCEAN REEF CLUB	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MARKS, ANTONIO	
STREET ADDRESS	OCEAN REEF CLUB	
CITY-ST-ZIP	KEY LARGO, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SWENSON, PETER K	
STREET ADDRESS	OCEAN REEF CLUB	
CITY-ST-ZIP	KEY LARGO FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	JEANINE R. SMITH	
STREET ADDRESS	OCEAN REEF CLUB	
CITY-ST-ZIP	KEY LARGO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/98  
 Date Daytime Phone #

CR2E037 (10/97)