


**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90007 026 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 747700**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/15/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1918608
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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	
B1 Name		B2 Street Address (P.O. Box Number is Not Acceptable)	
B3		B4 City	
		B5 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T HARVEY KLEIN OCEAN REEF CLUB KEY LARGO FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE TVP JOHN GRUNOW III OCEAN REEF CLUB KEY LARGO FL 33037
STREET ADDRESS			1.2 NAME
CITY-ST-ZIP			1.3 STREET ADDRESS
			1.4 CITY-ST-ZIP
TITLE	SD O'CONNOR, VIRGINIA OCEAN REEF CLUB KEY LARGO FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE SD RICHARD E. COLLINS OCEAN REEF CLUB KEY LARGO, FL. 33037
STREET ADDRESS			2.2 NAME
CITY-ST-ZIP			2.3 STREET ADDRESS
			2.4 CITY-ST-ZIP
TITLE	P MARKS, ANTONIO OCEAN REEF CLUB KEY LARGO, FL 00000	<input type="checkbox"/> DELETE	3.1 TITLE CD ANTONIO C. MARKS OCEAN REEF CLUB KEY LARGO FL 33037
STREET ADDRESS			3.2 NAME
CITY-ST-ZIP			3.3 STREET ADDRESS
			3.4 CITY-ST-ZIP
TITLE	VD SWENSON, PETER K OCEAN REEF CLUB KEY LARGO FL	<input type="checkbox"/> DELETE	4.1 TITLE PD PETER K. SWENSON OCEAN REEF CLUB KEY LARGO, FL 33037
STREET ADDRESS			4.2 NAME
CITY-ST-ZIP			4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP
TITLE	C JEANINE R. SMITH OCEAN REEF CLUB KEY LARGO FL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D KAREN SYDOWSKI OCEAN REEF CLUB KEY LARGO, FL. 33037
STREET ADDRESS			5.2 NAME
CITY-ST-ZIP			5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
STREET ADDRESS			6.2 NAME
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: [Signature] DATE: 3/21/99 DAYTIME PHONE: 305-367-3201

CR2E037 (4/98)