


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91034 048 \*\*\*\*61.25

<b>DOCUMENT # 747700</b>					
1. Entity Name <b>THE HEALTH AND TENNIS CLUB AT OCEAN REEF, INC.</b>					
Principal Place of Business <b>314 ANCHOR DRIVE KEY LARGO, FL 33037 US</b>			Mailing Address <b>314 ANCHOR DRIVE KEY LARGO, FL 33037 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KUCKER, FRED R                  ONE BISCAYNE TOWER SUITE 1740                  TWO SOUTH BISCAYNE BLVD                  MIAMI, FL</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONCARELLI, EDWARD		NAME		
STREET ADDRESS	314 ANCHOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMS, FRANK M		NAME	MICHAEL FOSTER	
STREET ADDRESS	314 ANCHOR DRIVE		STREET ADDRESS	314 ANCHOR DRIVE	
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP	KEY LARGO, FL 33037	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENOVITZ, MADGE		NAME		
STREET ADDRESS	314 ANCHOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAPIRO, LARRY		NAME		
STREET ADDRESS	314 ANCHOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STORM, JOHN F		NAME		
STREET ADDRESS	314 ANCHOR DRIVE		STREET ADDRESS		
CITY-ST-ZIP	KEY LARGO, FL 33037		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Mary D. Vasquez</i>			Date: <i>4/29/04</i> 305-367-3201		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>MARY D VASQUEZ, ACCOUNTANT</b>			Daytime Phone #		